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Reply to: Matawan Office

December 4, 2017

Via E-Mail (Diana.Batista@oal.nj.gov) and NJLS

Honorable Thomas R. Betancourt, ALJ
Office of Administrative Law
State of New Jersey
33 Washington Street
Newark, New Jersey 07102

Re: F.H. and M.H. o/b/o J.H. v. West Morris Regional High School District Board of Education
OAL Dkt. No.: EDS 10706-2017
Agency Ref. No.: 2017-26311

RESPONDENT'S OPPOSITION TO PETITIONERS' MOTION FOR SUMMARY DECISION

Dear Judge Betancourt:

As the Court is aware, this firm represents Respondent West Morris Regional High School District Board of Education ("District" or "Respondent") in the above-referenced matter. On behalf of the Board, the undersigned respectfully submits this letter brief in lieu of a more formal submission, in response to Petitioners' Motion for Summary Decision, filed September 19, 2017 ("Motion").

PROCEDURAL HISTORY

1. On or about May 30, 2017, Petitioners filed a Petition for Due Process ("Petition I") with the Office of Special Education Policy and Procedure ("OSEPP") seeking, inter alia: (i) a change in J.H.'s classification from "Emotionally Disturbed" to "Other Health Impaired;" (ii) compensatory education; (iii) the District accept Dr. Srinivasan's report; (iv) transportation to and from the private

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school and independent evaluations; (v) home instruction; (vi) compensatory damages; (vii) declaration that Petitioners are the prevailing party; and (viii) any and all other damages.

2. Petition I was assigned Agency Ref. 2017/26311 and OAL Dkt. No. EDS 10706-2017.

3. On July 27, 2017, the parties participated in a mediation conference with an OSEPP-assigned mediator. The matter was not resolved at the mediation conference.

4. A settlement conference at the Office of Administrative Law ("OAL") was scheduled for August 10, 2017. At mutual request of the parties, the settlement conference was adjourned.

5. On August 11, 2017, a prehearing conference was held before the Honorable Thomas R. Betancourt, ALJ.

6. On September 20, 2017, Petitioners filed a Motion for Summary Decision.

7. On September 21, 2017, the parties participated in a telephone conference before Judge Betancourt. At that time, Judge Betancourt set filing deadlines with respect to the Motion for Summary Decision.

8. On September 27, 2017, Petitioners filed a second Petition for Due Process ("Petition II") with OSEPP. Petition II seeks, inter alia: (i) consolidation with Petition I; (ii) reimbursement for J.H.'s attendance at Purnell School for the 2017-2018 and 2018-2019 school year; (iii) a change in J.H.'s classification of "Emotionally Disturbed" to "Other Health Impaired" and transportation to Purnell; (iv) compensatory education; (v) the District accept Dr. Srinivasan's report; (vi) the District accept Dr. Platt's report; (vii) the District accept Dr. Schuberth's report; (viii) transportation to and from the private school; (ix) compensatory damages; (x) a declaration that Petitioners are the prevailing party; and (xi) any and all other damages.

9. On October 13, 2017, in a telephone conference before Your Honor, the Court directed Petitioners to withdraw Petition II and file a Motion to Amend Petition I to include Petitioners' allegedly new claims.

10. On or about October 29, 2017, Petitioners withdrew Petition II.

11. On November 14, 2017, this Court issued an Order consolidating Petition I and Petition II. The Order also set forth deadlines for filing of Respondent's Answer to the Amended Due Process Petition, as well as responsive pleadings to Petitioner's Motion for Summary Decision.

COUNTER-STATEMENT OF MATERIAL FACTS

1. J.H. is a sixteen (16) year old female who resides in Long Valley, New Jersey with her parents, F.H. and M.H. ("Parents" or "Petitioners"). See Affidavit of Michael Reinknecht, Director of Special Education in Support of Respondent's Opposition to Petitioners' Motion for Summary Decision ("Reinknecht Aff."), ¶ 2.

2. Respondent West Morris Regional High School District ("Respondent" or "District") is the local education agency charged with providing J.H. with a free appropriate public education. See Reinknecht Aff., ¶ 3.

3. In the 2015-2016 school year, J.H. attended ninth (9th) grade as a general education student at West Morris Central High School in Respondent's school district. See Reinknecht Aff., ¶ 4.

4. On October 10, 2016, Petitioner M.H. sent correspondence to the District advising that J.H. was suffering from anxiety and depression and requested a "home tutor." See Exhibit A, attached to Reinknecht Aff.

5. Subsequently, Parents submitted a letter from J.H.'s pediatrician, Melissa M. Libert, C.O., FAAP, indicating that "it would be best" if J.H. did not attend school and had home bound instruction. See Exhibit B, attached to Reinknecht Aff.

6. On October 15, 2016, Petitioner M.H. sent correspondence to the District advising that J.H. would be admitted to ICCPC's outpatient facility in Parsippany, New Jersey, where "she will attend therapy five days a week for two to four weeks." See Exhibit C, attached to Reinknecht Aff.

7. On October 20, 2016, the District received a facsimile from the Immediate Care Children's Psychiatric Center ("ICCPC") stating that, on October 17, 2016, J.H. had been admitted to its partial care program. The letter further stated that J.H. was be expected to attend the program for two (2) weeks, at which time she would be reassessed in regards to returning to school. See Exhibit D, attached to Reinknecht Aff.

8. On or about October 24, 2016, the District commenced home instruction services to J.H. See Reinknecht Aff., ¶ 8.

9. On December 2, 2016, the District received correspondence from ICCPC indicating that J.H. had been medically-cleared to return to school on December 7, 2016. The letter states that the "plan is for [J.H.] to attend West Morris Regional High School for half days... and then attend ICCPC from 12pm to 2:30pm" and continue to receive homebound instruction. The letter also recommended J.H. receive a 504 Plan "due to extreme anxiety regarding school." See Exhibit E, attached to Reinknecht Aff.

10. On or about December 7, 2016, the District and Parents attended and participated in a 504 Accommodation Plan meeting. The 504 Plan provides for the following accommodations: extended

time on quizzes and tests; assessments in a private setting; a “walking pass” to take breaks from class when she is feeling a high level of anxiety; access to the “Zen Zone” when it is available for meditation, deep breathing, and mindfulness exercises to help ease her anxiety; and access to a counselor when necessary. See Exhibit F, attached to Reinknecht Aff.

11. Parents agreed to and executed the 504 Plan. See Exhibit F, attached to Reinknecht Aff.

12. On December 7, and December 8, 2016, J.H. attended West Morris Central High School. After attending the two (2) half days, J.H. refused to return. See Reinknecht Aff., ¶ 13.

13. On December 23, 2016, Parents inquired about sending J.H. to an out-of-district alternative placement, including Fusion Academy, located in Morristown, New Jersey. See Reinknecht Aff., ¶ 14.

14. On or about January 3, 2017, J.H. was referred by Joseph Cusack, J.H.’s guidance counselor, to the District’s Child Study Team (“CST”) for an initial evaluation to determine J.H.’s eligibility for special education and related services in suspected category of emotional disturbance, due to J.H.’s diagnoses of major depressive disorder and generalized anxiety disorder. On the referral documentation, Mr. Cusack notes that during his discussions with parents, “[Parents] explored private school setting but have opted to keep [J.H.] at WMC and pursue the CST evaluation.” See Exhibit G, attached to Reinknecht Aff.

15. On January 4, 2017, the District received a letter from Parents stating that, “[J.H.] has been diagnosed with depression and severe anxiety.” The letter requests a CST evaluation and IEP. See Exhibit H, attached to Reinknecht Aff.

16. On January 6, 2017, the District received a letter from ICCPC recommending that J.H. be provided with an Individualized Education Program ("IEP"). The letter stated that J.H. had been diagnosed with (i) major depressive disorder, recurrent, severe, without psychotic features; and (ii) generalized anxiety disorder." The letter further stated that, "[i]n order for [J.H.] to continue working her anxiety and depression as well as have the ability to attend school, she will need a smaller and more therapeutic environment for school," and "would greatly benefit from more time in a therapeutic setting to continue progressing with her anxiety, depression and function in school." See Exhibit I, attached to Reinknecht Aff.

17. At an Identification Meeting on January 9, 2017, Parents consented to the District conducting a psychological and social assessments. Additionally, the District agreed to accept a forthcoming psychiatric evaluation completed by ICPCC. See Reinknecht Aff., ¶ 18.

18. On January 18, 2017, the District conducted a social assessment of J.H. The social assessment report indicates that, "by September of 10th grade [J.H.] was depressed, anxious and suicidal." See Exhibit J, attached to Reinknecht Aff.

19. On January 19, 2017, on behalf of the District, Sherry J. Wilk, M.A., Certified School Psychologist conducted a psychological assessment of J.H. The psychological assessment report indicates that J.H.'s full-scale IQ is 104, and that all of J.H.'s composite index scores (performance scores) are within 1.5 standard deviation of her IQ (potential score). Ms. Wilk's report also indicates that J.H. "struggles with anxiety and depression, and has a fear of academic failure." See Exhibit K, attached to Reinknecht Aff.

20. On March 15, 2017, Shankar Srinivasan, M.D., of the Immediate Care Psychiatric Center (“ICPC”) conducted a psychiatric assessment of J.H. In his report, Dr. Srinivasan diagnosed J.H. with (i) major depression recurrent, and (ii) panic disorder. Dr. Srinivasan also states that, “[J.H.]’s psychiatric issues, specifically, pervasive mood disturbances, avoidance behaviors even when not under stress, along with irrational fears and anxiety secondary to school issues, all collectively at this time are directly impacting learning and ability to maintain and build satisfactory interpersonal relationships.” See Exhibit L, attached to Reinknecht Aff.

21. On April 6, 2017, Parents and the District attended an Eligibility Determination Meeting. At the meeting, the CST discussed the social, psychological, and psychiatric assessments and determined J.H. to be eligible for special education and related services under the category of “Emotionally Disturbed.” See Exhibit M, attached to Reinknecht Aff.

22. At the Eligibility Determination meeting, Parents consented to the classification of “Emotionally Disturbed” and executed the Eligibility Determination Report. See Exhibit M, attached to Reinknecht Aff.

23. Following the eligibility determination, the CST commenced discussing a proposed program and placement for J.H. in the Being Successful Program at West Morris Mendham High School (“Mendham High School BSP”). Mendham High School BSP is an in-district therapeutic program for students manifesting anxiety, depression, obsessive-compulsive disorder, school avoidance, social challenges, disruptive behaviors, and academic underachievement due to a lack of productivity and follow through. See Exhibit N, attached to Reinknecht Aff.

24. After hearing the CST's proposed placement in the BSP at the Eligibility Determination Meeting on April 6, 2017, J.H. began physically punching herself and had to be removed from the meeting room. At that time, the meeting was terminated and rescheduled. See Reinknecht Aff., ¶ 25.

25. On May 16, 2017, Parents and J.H. attended an IEP meeting with the CST. The IEP proposed by the CST ("May 16th IEP") continued J.H. in the same academic classes that she had then been enrolled in through home instruction and provided for half-day placement in Mendham High School BSP for the remainder of the 2016-2017 school year. See Exhibit O, attached to Reinknecht Aff.

26. For the 2017-2018 school year, the May 16th IEP proposed J.H.'s placement in the Mendham High School BSP for English 3, World History, and Environmental Science, and French 3, Algebra 2, Physical Education/Health, and a Special (Band, Culinary Arts, or World Cuisine) in the general education setting. In addition to the therapeutic setting of Mendham High School BSP, the May 16th IEP also provided for individual counseling once per week for thirty (30) minutes. See Exhibit O, attached to Reinknecht Aff.

27. At the IEP meeting on May 16, 2017, Parents again requested that J.H. be allowed to attend Fusion Academy. The District rejected Parents' request to place J.H. at Fusion Academy. See Reinknecht Aff., ¶ 28.

28. Parents did not execute the IEP at the meeting on May 16, 2017. See Reinknecht Aff., ¶ 29.

29. To date, Parents have not consented to the implementation of special education and related services. See Reinknecht Aff., ¶ 30.

30. On or about May 22, 2017, through counsel, Petitioners requested an independent psychiatric, psychological, and educational assessments. See Reinknecht Aff., ¶ 31.

31. In July and August 2017, an independent psychoeducational evaluation of J.H. was conducted by Natalie Schuberth, Psy.D., BCBA-D, Licensed Psychologist. In her report, Dr. Schuberth indicates that J.H. continues to meet criteria for major depressive disorder and generalized anxiety disorder. See Exhibit P, attached to Reinknecht Aff.

32. Dr. Schuberth also diagnosed J.H. with a “Specific Learning Disorder with impairment in mathematics, specifically with fluent calculation, Moderate” under the DSM-V. Dr. Schuberth’s diagnosis is based upon J.H.’s performance on a single math fluency subtest, in which J.H. scored at least two (2) standard deviations lower than predicted by her general ability index score. None of J.H.’s composite index scores or other subtest scores exceeded 1.5 standard deviations below her full-scale IQ. As such, J.H. does not meet the criteria for “Specific Learning Disability” pursuant to the New Jersey Administrative Code regulations. See Exhibit P, attached to Reinknecht Aff.

33. On July 27, 2017, the parties participated in mediation conference before a mediator appointed by the Office of Special Education Policy and Procedure. The matter was not resolved in the mediation conference. See Reinknecht Aff., ¶ 34.

34. On August 17, 2017, following unsuccessful mediation, the District received an unprompted letter from ICCPC indicating that J.H. needs “a structured but non-strict educational environment” and “will not be in need of therapy while in school.” See Exhibit Q, attached to Reinknecht Aff.

35. On September 6, 2017, Ellen M. Platt, D.O., conducted an independent psychiatric evaluation of J.H. In her report, Dr. Platt finds that J.H. meets DSM-V criteria for: (i) Major Depressive Disorder, recurrent episode, moderately severe (with irrational thinking); (ii) Generalized Anxiety Disorder; (iii) Panic Disorder; (iv) School avoidance; (v) Specific Learning Disorder with impairment in mathematics, specifically with fluent calculation, moderate; (vi) Major Depressive Disorder, recurrent, severe, without psychotic features; (vii) Central Auditory Processing Disorder; and (viii) Agoraphobia. See Exhibit R, attached to Reinknecht Aff.

36. Dr. Platt's report states that, "[J.H.] remains exceedingly emotionally fragile and the probability of her attending her school is extremely low at this time. She requires an academic environment with the capability of a great deal of emotional awareness and intervention." See Exhibit R, attached to Reinknecht Aff.

37. On September 25, 2017, the District received a letter from Parents advising that they "are withdrawing [J.H.] from West Morris Central High School, effective immediately. [J.H.] is now enrolled at the Purnell School in Pottersville." See Exhibit S, attached to Reinknecht Aff.

38. Purnell School is not a New Jersey approved private school for students with disabilities. See Reinknecht Aff., ¶ 39.

39. Based upon the District's assessments, the independent evaluations, and the information provided to the District by ICCPC, there is no evidence that J.H. meets the eligibility criteria for classification as "Other Health Impaired," as defined by N.J.A.C. 6A:14-3.5(c)(9). See Reinknecht Aff., ¶ 40.

40. Based upon the results of Dr. Schuberth's psychoeducational evaluation and Ms. Wilk's previous psychological assessment, there is no evidence that J.H. meets the eligibility criteria for classification as "Specific Learning Disability," as defined by N.J.A.C. 6A:14-3.5(c). See Reinknecht Aff., ¶ 41.

41. At no time has the District "declassified" J.H. Because the May 16th IEP is an "initial IEP" and J.H. had not previously received special education and related services, the District is prohibited from implementing the proposed program without parental consent, pursuant to N.J.A.C. 6A:14-3.7(m). See Reinknecht Aff., ¶ 42.

LEGAL ARGUMENT

As this Court is aware, summary decision should be granted when the evidence demonstrates there is no issue of material fact, and the moving party is entitled to prevail as a matter of law. N.J.A.C. 1:1-12.5; see also E.M. o/b/o Z.M. v. Parsippany-Troy Hills Twp. Bd. of Educ., 2004 WL 763587 (N.J.Adms.), OAL Dkt. No. EDS 0151-04, Final Dec. (2004). Traditionally, the summary decision standard is applied in the same manner as the summary judgment standard under R. 4:46-2 of the New Jersey Court Rules. See K.L. v. Div. of Med. Assistance & Health Servs., 2015 WL 303185 *2 (N.J.Adms.), OAL Dkt. No. HMA 11454-2014, Final Dec. (2015) (citing Contini v. Bd. of Educ. of Newark, 286 N.J.Super. 106, 121 (App.Div. 1995) certif. denied, 145 N.J. 372 (1996)).

In order to prevail in opposing a motion for summary decision, the non-moving party must demonstrate, through affidavit, a genuine issue of material fact exists, of which can only be resolved in an evidentiary proceeding. Ibid. The motion judge, in determining whether a genuine issue of material of fact exists, must consider whether the competent evidential material presented, when viewed in the light most favorable to the non-moving party, is sufficient enough to permit a rational finder-of-fact to

resolve the alleged disputed issue in favor of the non-moving party. Brill v. Guardian Life Ins. Co. of Am., 142 N.J. 520 (1995).

Here, Petitioners have failed to meet their burden to demonstrate that no genuine issue of material fact exists. At the outset, Petitioners' Motion is littered with factual inaccuracies that are roundly contradicted by the attached testimony of Michael Reinknecht, Director of Special Services. Notably, Petitioners do not cite to any affidavit or other objective documentation but rely solely upon counsel's self-serving certification. For the foregoing reasons, Respondent respectfully requests this Court deny Petitioners' Motion.

While the District is not inclined to respond to each and every falsehood and contradiction contained therein, Respondent notes that the Mendham High School BSP is not a behavioral program. To the contrary, the BSP is an in-district program that infuses therapeutic supports both throughout a student's school day and at home. See Reinknecht Aff., Ex. N. The program is individually-tailored to meet each student's academic levels – despite Petitioners' mischaracterization, students in the BSP may be enrolled in any college-preparatory class offered by the high school. Id. Additionally, the program is specially designed for students like J.H., who are suffering from school avoidance, depression, and anxiety, and are unable to thrive in a traditional classroom environment. Id. Moreover, the unique nature of the BSP is that students have access to their neurotypical peers and general education classes, as tolerated, while also being educated in a small, safe learning environment. Id.

Any attempt by counsel to recharacterize the Mendham High School BSP as a behavioral program, is misguided. While a typographical error in the May 16th IEP does identify the BSP as "Behavioral Supports Program," Parents unequivocally visited and observed the "Being Successful Program" at Mendham High School. Moreover, at the IEP meeting on May 16, 2017, the former

Director of Special Services, Dr. David Leigh, painstakingly dispelled each and every concern expressed by Parents about the BSP. It is unconscionable that Petitioners now seek to relitigate all of the same issues that were previously addressed by the District.

With respect to J.H.'s eligibility for special education and related services, it is clear that she meets the criteria under the New Jersey Administrative Code under one classification – Emotionally Disturbed. Counsel now prays the Court to believe that J.H. is eligible as Other Health Impaired or Specific Learning Disability, neither of which any of the objective data support. Importantly, Parents consented to J.H.'s eligibility at the Eligibility Determination Meeting on April 6, 2017. See Reinknecht Aff., Ex. M. The sole reason Petitioners now seek a change in classification is an attempt to justify their unreasonable parental placement of J.H. at Purnell School; an institution that offers neither therapeutic supports nor special education services. See Reinknecht Aff., ¶ 39. By neglecting J.H.'s serious psychiatric diagnoses of major depressive disorder, generalized anxiety disorder, panic disorder, and agoraphobia, counsel attempts to deprive J.H. of necessary therapeutic interventions. It is of no moment that a single letter from ICCPC suggests that J.H. is not in need of therapy while in school. See Reinknecht Aff., Ex. Q. Clearly, same was created simply for the purposes of litigation, since only a few months prior, the same health care provider recommended that, “[i]n order for [J.H.] to continue working her anxiety and depression as well as have the ability to attend school, she will need a smaller and more therapeutic environment for school,” and that J.H. “would greatly benefit from more time in a therapeutic setting to continue progressing with her anxiety, depression and function in school.” See Reinknecht Aff., Exs. I and Q.

Lastly, despite counsel's repeated (and baseless) assertions, the District did not "declassify" J.H. See Reinknecht Aff., ¶ 42. To the contrary, the District is expressly prohibited from implementing a special education program for J.H. without parental consent:

When the parent declines participation in an IEP meeting or is in disagreement with the recommendations, the remaining participants shall develop a written IEP in accordance 87 with this section. However, initial implementation of special education cannot occur until consent is obtained. For other than initial implementation of special education, consent is not required. The parents shall be provided written notice according to N.J.A.C. 6A:14- 2.3.

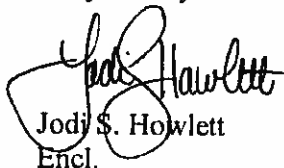
N.J.A.C. 6A:14-3.7(m) (emphasis added).

Here, Petitioners never consented to the implementation of the initial IEP proposed on May 16, 2017. Accordingly, while J.H. was determined to be eligible for special education, no program could actually be implemented. Notwithstanding, to at least ensure she was receiving accommodations, the District agreed to continue J.H.'s 504 Plan upon her return to school for the 2017-2018 school year. *Id.* Moreover, there was simply no indication from Petitioners that J.H. had not been medically-cleared to return to school and was otherwise eligible for home instruction services. Additionally, such an assertion that home instruction was warranted, flatly contradicts Petitioners' parental placement of J.H. at Purnell School.

CONCLUSION

For the foregoing reasons, Respondent West Morris Board of Education respectfully requests this Court enter an Order in Respondent's favor and deny Petitioners' Motion for Summary Decision.

Respectfully submitted,


Jodi S. Howlett
Encl.

cc: Julie Warshaw, Esq., counsel for Petitioners (via NJLS)

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F.H. and M.H. o/b/o J.H.,
Petitioners,

v.

WEST MORRIS REGIONAL BOARD OF
EDUCATION,
Respondent.

OFFICE OF ADMINISTRATIVE LAW
STATE OF NEW JERSEY

OAL Docket No.: EDS 10706-17
Agency Ref. No.: 2017/26311

**AFFIDAVIT OF MICHAEL
REINKNECHT,
DIRECTOR OF SPECIAL SERVICES,
IN SUPPORT OF RESPONDENT'S
OPPOSITION TO PETITIONER'S
MOTION TO DISMISS**

I, Michael Reinknecht, of full age, being duly sworn according to law, upon my oath depose and say:

1. I am the Director of Special Education for the West Morris Regional High School District.
2. J.H. is a sixteen (16) year old female who resides in Long Valley, New Jersey with her parents, F.H. and M.H. ("Parents" or "Petitioners").
3. Respondent West Morris Regional High School District ("Respondent" or "District") is the local education agency charged with providing J.H. with a free appropriate public education.

4. In the 2015-2016 school year, J.H. attended ninth (9th) grade as a general education student at West Morris Central High School in Respondent's school district.

5. On October 10, 2016, Petitioner M.H. sent correspondence to the District advising that J.H. was suffering from anxiety and depression and requested a "home tutor." Attached hereto as "Exhibit A" is a true and accurate copy of the e-mail from M. H. [REDACTED] to J. Cusack, dated October 10, 2016.

6. Subsequently, Parents submitted a letter from J.H.'s pediatrician, Melissa M. Libert, C.O., FAAP, indicating that "it would be best" if J.H. did not attend school and had home bound instruction. Attached hereto as "Exhibit B" is a true and accurate copy of the letter received by the District from Dr. Libert, dated October 11, 2016.

7. On October 15, 2016, Petitioner M.H. sent correspondence to the District advising that J.H. would be admitted to ICCPC's outpatient facility in Parsippany, New Jersey, where "she will attend therapy five days a week for two to four weeks." Attached hereto as "Exhibit C" is a true and accurate copy of the e-mail from M. Humcke to E. Braun, et al., dated October 15, 2016.

8. On October 20, 2016, the District received a facsimile from the Immediate Care Children's Psychiatric Center ("ICCPC") stating that, on October 17, 2016, J.H. had been admitted to its partial care program. The letter further stated that J.H. was expected to attend the program for two (2) weeks, at which time she would be reassessed in regards to returning to school. Attached hereto as "Exhibit D" is a true and accurate copy of the letter received by the District from ICCPC, dated October 20, 2016.

9. On or about October 24, 2016, the District commenced home instruction services to J.H.

10. On December 2, 2016, the District received correspondence from ICCPC indicating that J.H. had been medically-cleared to return to school on December 7, 2016. The letter states that the “plan is for [J.H.] to attend West Morris Regional High School for half days... and then attend ICCPC from 12pm to 2:30pm” and continue to receive homebound instruction. The letter also recommended J.H. receive a 504 Plan “due to extreme anxiety regarding school.” Attached hereto as “Exhibit E” is a true and accurate copy of the letter received by the District from ICCPC, dated December 2, 2016.

11. On or about December 7, 2016, the District and Parents attended and participated in a 504 Accommodation Plan meeting. The 504 Plan provides for the following accommodations: extended time on quizzes and tests; assessments in a private setting; a “walking pass” to take breaks from class when she is feeling a high level of anxiety; access to the “Zen Zone” when it is available for meditation, deep breathing, and mindfulness exercises to help ease her anxiety; and access to a counselor when necessary. Attached hereto as “Exhibit F” is a true and accurate copy of the 504 Plan created on December 7, 2016.

12. Parents agreed to and executed the 504 Plan. See Exhibit F.

13. On December 7, and December 8, 2016, J.H. attended West Morris Central High School. After attending the two (2) half days, J.H. refused to return.

14. On December 23, 2016, Parents inquired about sending J.H. to an out-of-district alternative placement, including Fusion Academy, located in Morristown, New Jersey.

15. On or about January 3, 2017, J.H. was referred by Joseph Cusack, J.H.’s guidance counselor, to the District’s Child Study Team (“CST”) for an initial evaluation to determine J.H.’s eligibility for special education and related services in suspected category of emotional disturbance, due to J.H.’s diagnoses of major depressive disorder and generalized anxiety

disorder. On the referral documentation, Mr. Cusack notes that during his discussions with parents, “[Parents] explored private school setting but have opted to keep [J.H.] at WMC and pursue the CST evaluation.” Attached hereto as “Exhibit G” is a true and accurate copy of the Special Education Referral form and Pre-Referral Intervention Information form completed by J. Cusack, dated January 3, 2017.

16. On January 4, 2017, the District received a letter from Parents stating that, “[J.H.] has been diagnosed with depression and severe anxiety.” The letter requests a CST evaluation and IEP. Attached hereto as “Exhibit H” is a true and accurate copy of the letter received by the District from Parents, dated January 4, 2017.

17. On January 6, 2017, the District received a letter from ICCPC recommending that J.H. be provided with an Individualized Education Program (“IEP”). The letter stated that J.H. had been diagnosed with (i) major depressive disorder, recurrent, severe, without psychotic features; and (ii) generalized anxiety disorder.” The letter further stated that, “[i]n order for [J.H.] to continue working her anxiety and depression as well as have the ability to attend school, she will need a smaller and more therapeutic environment for school,” and “would greatly benefit from more time in a therapeutic setting to continue progressing with her anxiety, depression and function in school.” Attached hereto as “Exhibit I” is a true and accurate copy of the letter received by the District from ICCPC, dated January 6, 2017.

18. At an Identification Meeting on January 9, 2017, Parents consented to the District conducting a psychological and social assessments. Additionally, the District agreed to accept a forthcoming psychiatric evaluation completed by ICPC.

19. On January 18, 2017, the District conducted a social assessment of J.H. The social assessment report indicates that, “by September of 10th grade [J.H.] was depressed,

anxious and suicidal.” Attached hereto as “Exhibit J” is a true and accurate copy of the social assessment report of Betina Goldberg-Rappoport, MSE, LCSW, undated.

20. On January 19, 2017, on behalf of the District, Sherry J. Wilk, M.A., Certified School Psychologist conducted a psychological assessment of J.H. The psychological assessment report indicates that J.H.’s full-scale IQ is 104, and that all of J.H.’s composite index scores (performance scores) are within 1.5 standard deviation of her IQ (potential score). Ms. Wilk’s report also indicates that J.H. “struggles with anxiety and depression, and has a fear of academic failure.” Attached hereto as “Exhibit K” is a true and accurate copy of Ms. Wilk’s psychological assessment report, dated January 19, 2017.

21. On March 15, 2017, Shankar Srinivasan, M.D., of the Immediate Care Psychiatric Center (“ICPC”) conducted a psychiatric assessment of J.H. In his report, Dr. Srinivasan diagnosed J.H. with (i) major depression recurrent, and (ii) panic disorder. Dr. Srinivasan also states that, “[J.H.]’s psychiatric issues, specifically, pervasive mood disturbances, avoidance behaviors even when not under stress, along with irrational fears and anxiety secondary to school issues, all collectively at this time are directly impacting learning and ability to maintain and build satisfactory interpersonal relationships.” Attached hereto as “Exhibit L” is a true and accurate copy of Dr. Srinivasan’s psychiatric evaluation report, dated March 15, 2017.

22. On April 6, 2017, Parents and the District attended an Eligibility Determination Meeting. At the meeting, the CST discussed the social, psychological, and psychiatric assessments and determined J.H. to be eligible for special education and related services under the category of “Emotionally Disturbed.” Attached hereto as “Exhibit M” is a true and accurate copy of the Eligibility Meeting attendance form, Evaluation Sequence, and Eligibility Determination Report executed by Parents, dated April 6, 2017.

23. At the Eligibility Determination meeting, Parents consented to the classification of “Emotionally Disturbed” and executed the Eligibility Determination Report. See Exhibit M.

24. Following the eligibility determination, the CST commenced discussing a proposed program and placement for J.H. in the Being Successful Program at West Morris Mendham High School (“Mendham High School BSP”). Mendham High School BSP is an in-district therapeutic program for students manifesting anxiety, depression, obsessive-compulsive disorder, school avoidance, social challenges, disruptive behaviors, and academic underachievement due to a lack of productivity and follow through. Attached hereto as “Exhibit N” is a Program Description of Mendham High School BSP.

25. After hearing the CST’s proposed placement in the BSP at the Eligibility Determination Meeting on April 6, 2017, J.H. began physically punching herself and had to be removed from the meeting room. At that time, the meeting was terminated and rescheduled.

26. On May 16, 2017, Parents and J.H. attended an IEP meeting with the CST. The IEP proposed by the CST (“May 16th IEP”) continued J.H. in the same academic classes that she had then been enrolled in through home instruction and provided for half-day placement in Mendham High School BSP for the remainder of the 2016-2017 school year. Attached hereto as “Exhibit O” is a true and accurate copy of the May 16th IEP.

27. For the 2017-2018 school year, the May 16th IEP proposed J.H.’s placement in the Mendham High School BSP for English 3, World History, and Environmental Science, and French 3, Algebra 2, Physical Education/Health, and a Special (Band, Culinary Arts, or World Cuisine) in the general education setting. In addition to the therapeutic setting of Mendham High School BSP, the May 16th IEP also provided for individual counseling once per week for thirty (30) minutes. See Exhibit O.

28. At the IEP meeting on May 16, 2017, Parents again requested that J.H. be allowed to attend Fusion Academy. The District rejected Parents' request to place J.H. at Fusion Academy.

29. Parents did not execute the IEP at the meeting on May 16, 2017.

30. To date, Parents have not consented to the implementation of special education and related services.

31. On or about May 22, 2017, through counsel, Petitioners requested an independent psychiatric, psychological, and educational assessments.

32. In July and August 2017, an independent psychoeducational evaluation of J.H. was conducted by Natalie Schuberth, Psy.D., BCBA-D, Licensed Psychologist. In her report, Dr. Schuberth indicates that J.H. continues to meet criteria for major depressive disorder and generalized anxiety disorder. Attached hereto as "Exhibit P" is a true and accurate copy of the independent psychoeducational testing report of Dr. Schuberth, dated August 21, 2017.

33. Dr. Schuberth also diagnosed J.H. with a "Specific Learning Disorder with impairment in mathematics, specifically with fluent calculation, Moderate" under the DSM-V. Dr. Schuberth's diagnosis is based upon J.H.'s performance on a single math fluency subtest, in which J.H. scored at least two (2) standard deviations lower than predicted by her general ability index score. None of J.H.'s composite index scores or other subtest scores exceeded 1.5 standard deviations below her full-scale IQ. As such, J.H. does not meet the criteria for "Specific Learning Disability" pursuant to the New Jersey Administrative Code regulations. See Exhibit P.

34. On July 27, 2017, the parties participated in mediation conference before a mediator appointed by the Office of Special Education Policy and Procedure. The matter was not resolved in the mediation conference.

35. On August 17, 2017, following unsuccessful mediation, the District received an unprompted letter from ICCPC indicating that J.H. needs “a structured but non-strict educational environment” and “will not be in need of therapy while in school.” Attached hereto as “Exhibit Q” is a true and accurate copy of the letter received by the District from ICCPC, dated August 17, 2017.

36. On September 6, 2017, Ellen M. Platt, D.O., conducted an independent psychiatric evaluation of J.H. In her report, Dr. Platt finds that J.H. meets DSM-V criteria for: (i) Major Depressive Disorder, recurrent episode, moderately severe (with irrational thinking); (ii) Generalized Anxiety Disorder; (iii) Panic Disorder; (iv) School avoidance; (v) Specific Learning Disorder with impairment in mathematics, specifically with fluent calculation, moderate; (vi) Major Depressive Disorder, recurrent, severe, without psychotic features; (vii) Central Auditory Processing Disorder; and (viii) Agoraphobia. Attached hereto as “Exhibit R” is a true and accurate copy of Dr. Platt’s independent psychiatric assessment report, dated September 6, 2017.

37. Dr. Platt’s report states that, “[J.H.] remains exceedingly emotionally fragile and the probability of her attending her school is extremely low at this time. She requires an academic environment with the capability of a great deal of emotional awareness and intervention.” See Exhibit R.

38. On September 25, 2017, the District received a letter from Parents advising that they “are withdrawing [J.H.] from West Morris Central High School, effective immediately.

[J.H.] is now enrolled at the Purnell School in Pottersville.” Attached hereto as “Exhibit S” is a true and accurate copy of the letter received from Parents on September 25, 2017.

39. Purnell School is not a New Jersey approved private school for students with disabilities.

40. Based upon the District’s assessments, the independent evaluations, and the information provided to the District by ICCPC, there is no evidence that J.H. meets the eligibility criteria for classification as “Other Health Impaired,” as defined by N.J.A.C. 6A:14-3.5(c)(9).

41. Based upon the results of Dr. Schuberth’s psychoeducational evaluation and Ms. Wilk’s previous psychological assessment, there is no evidence that J.H. meets the eligibility criteria for classification as “Specific Learning Disability,” as defined by N.J.A.C. 6A:14-3.5(c).

42. At no time has the District “declassified” J.H. Because the May 16th IEP is an “initial IEP” and J.H. had not previously received special education and related services, the District is prohibited from implementing the proposed program without parental consent, pursuant to N.J.A.C. 6A:14-3.7(m).

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are willfully false that I may be subject to punishment.



Michael Reinknecht, Director of Special Education
West Morris Regional High School District

Date: December 4, 2017

Sworn to and Subscribed before me
this 4 day of DECEMBER, 2017



NOTARY PUBLIC

REGINA MCLAUGHLIN
A Notary Public of New Jersey
My Commission Expires November 29, 2020

DATE WHEN COMMISSION EXPIRES

EXHIBIT A

22
West Morris Central High School
259 Bartley Road
Chester, NJ 07930

October 10, 2016

Mr. Cusack,

As you know, [REDACTED] is experiencing a difficult time right now due to crippling anxiety and depression. Until she gets regulated on the correct medication she cannot function in school. We are requesting a home tutor until she can get back on her feet. Thank you for being so supportive.

[REDACTED]

P.S. I will have the pediatrician send a medical note as well.

EXHIBIT B



10/11/2016



Patient:



DOB:



To Whom It May Concern:

██████ is a patient of our office with ongoing depression and anxiety. Due to her current state of health, it would be best that she did not attend school and had home bound instruction.

Any further questions, please contact my office.

Sincerely,



Melissa M. Libert, D.O., FAAP

Cc:

Enc:

EXHIBIT C

11/29/2017

West Morris Regional High School District Mail - Update on [REDACTED]



Joseph Cusack <jcusack@wmrhsd.org>

Update on [REDACTED]

3 messages

To: ebraun@wmrhsd.org, jcusack@wmrhsd.org

Sat, Oct 15, 2016 at 2:16 PM

Mr. Braun and Mr. Cusack,

[REDACTED] had an appointment yesterday (Friday the 14th) with a specialist. It was determined that she should enter the outpatient facility in Parsippany (ICPC) where she will attend therapy five days a week for two to four weeks. If you are not familiar with the program it runs from 9 to 2:30 and then the students have tutoring from 2:30 to 4:30. They will be sending an official letter to you shortly and will request work from WMC teachers. Therefore, we will not need the tutoring from West Morris. Two instructors have contacted me by phone and email. (French and Chemistry) I can reply to the Chemistry teacher but the French teacher did not leave an email and I didn't catch her phone number. Can you please notify any other tutors that [REDACTED] will not be requiring their services. I'm sorry for the inconvenience with the short notice but this all came about yesterday. I'm praying that this will be the best solution for [REDACTED]. She will be in a structured environment every day and I think that will be very beneficial.

Please let me know that you have read this email. Thank you for all your care and concern.

Joseph Cusack <jcusack@wmrhsd.org>

To: [REDACTED]

Fri, Dec 9, 2016 at 9:00 AM

Hello Mrs. [REDACTED] - I saw that Mr. [REDACTED] left a voicemail this morning - I am out of the building today at a workshop at Montclair State. I will reach out to you when I'm back in the office on Monday, but if this is an issue that needs immediate attention, please call Anne Meagher at 908-879-5212 ex 3320 or Ed Braun at 3325.

[Quoted text hidden]

To: Joseph Cusack <jcusack@wmrhsd.org>

Fri, Dec 9, 2016 at 12:41 PM

Thank you. We will be in touch Monday.

Sent from my Verizon, Samsung Galaxy smartphone

[Quoted text hidden]

CONFIDENTIALITY NOTICE: This message is from the West Morris Regional High School District. This message and any attachments may be confidential and/or privileged and are intended only for the individual(s) or group(s) identified as the addressee. If the message addressee is in error, or you are not authorized to read, copy, or distribute this message or attachments; please delete this message and attachments and notify the sender by return email at the address listed above.

EXHIBIT D

ICCPC

Immediate Care
Children's
Psychiatric Center
28 B Hill Road, Parsippany, NJ 07054
TEL (973) 794-3281 FAX (973) 794-3284
www.NJPsychCenter.com

10.20.16

To: West Morris Central H.S.
Attention: Joe Cusack
Re: [REDACTED]

This letter is to notify staff at West Morris High School that [REDACTED] was admitted to the partial care program that runs from 9am to 2:30pm on 10.17.16 for depression. The plan is for her to attend program for approximately two weeks. After that time, [REDACTED] will be reassessed in regards to returning to school for half day transitions and attend the IOP program here ICCPC. Due to the fact that she will be missing school, [REDACTED] will be in need of Homebound Instruction through American Tutor. If there are any further questions, please feel free to contact me. Thank you.

Sincerely,



Melissa Dolgos, LAC
Senior Clinician
973-794-3281 X222
Melissad@icpsych.com



Dr. Srinivasan
Program Psychiatrist

I.C.C.P.C. – Immediate Care Children's Psychiatric Center

Page: 2/2

To: [REDACTED]

From: OCT-20-2016 16:30

WM 049

EXHIBIT E

ICCPC


Immediate Care
Children's
Psychiatric Center
28 B Hill Road, Parsippany, NJ 07054
TEL (973) 794-3281 FAX (973) 794-3284
www.NJPsychCenter.com

12.2.16

To: West Morris Regional High School
Re: [REDACTED]

This letter is to notify staff at West Morris Regional High School that the clinical team here at ICCPC has medically cleared [REDACTED] to return to school on Wednesday, December 7th. The plan is for [REDACTED] to attend West Morris Regional High School for half days from 7:30am to 11:20am and then attend ICCPC from 12pm to 2:30pm. Due to the fact that she will be missing her academic portion of school, the clinical team is also recommending that [REDACTED] continue to receive homebound instruction through American Tutor. This plan is expected to last approximately one week. After that time, the team will re-evaluate [REDACTED] to return to school for full days. The clinical team is also recommending that [REDACTED] receive a 504 plan due to her extreme anxiety regarding school. [REDACTED] stated that she would prefer to take tests in private rooms, receive a pass to take breaks and walk around when anxious, utilize the Zen room for coping skills such as meditation and deep breathing as well as having access to a counselor when needed. The team agrees with these requests. Skills that are effective for [REDACTED] are to remind her to focus in the moment, take things one step at a time, meditation and mindfulness, as well as processing situations that cause anxiety or depression. If there are any further questions, please feel free to contact me. Thank you.

Sincerely


Melissa Dolgos, LAC
Senior Clinician
973-794-3281 X222


Dr. Srinivasan
Program Psychiatrist

L.C.C.P.C. -- Immediate Care Children's Psychiatric Center

WM 050

EXHIBIT F

**Intervention & Referral Services
WEST MORRIS CENTRAL HIGH SCHOOL
Four Bridges Road
Chester, New Jersey
504 Student Accommodation Plan**

Name: [REDACTED]

Birth Date: [REDACTED]

Grade: 10

Guidance Counselor: Cusack

Date of Meeting: 12-07-2016

Nature of Concern:

- [REDACTED] was diagnosed with Depression on 10-17-16 and has been in an Partial Care program at Immediate Care Children's Psychiatric Center since that date. She is now ready to gradually return to West Morris Central and will need 504 accommodations to assist with this transition.

Determination of Handicap:

- Depression as diagnosed by Dr. Srinivasan.

How Handicap Affects a Major Life Activity:

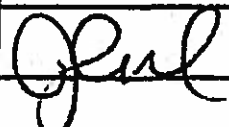
- Depression has negatively impacted her attendance and her ability to complete assignments and tasks necessary for the basic life function of learning.
- Missed days due to her depression has now caused anxiety during the school day and at home.

Reasonable Accommodations:

- Extended time on quizzes and tests.
- [REDACTED] may take assessments in a private setting.
- [REDACTED] will be issued a "walking pass" to take breaks from class when she is feeling a high level of anxiety.

- [REDACTED] may utilize the Zen Zone when it is available for meditation, deep breathing, and mindfulness exercises to help ease her anxiety.
- [REDACTED] may access an counselor when necessary.

Review Date: September 2017

Participants:	Signatures:
[REDACTED]	
[REDACTED]	
I&RS Member:	
Counselor:	
Administrator: Anne P. Meagher	
Director of Special Services: David Leigh	
Other	

Please sign included Parental Rights Notice

CC: Parent
I&RS Monitor
Principal/Assistant Principal
Guidance Counselor
Director of Special Services

Parental Rights Under Section 504:

Parental Rights Under Section 504:

1. Section 504 of the Rehabilitation Act is a nondiscrimination statute barring discrimination on the basis of one's disability.
2. It is the policy of the school district not to discriminate on the basis of disability in its educational programs, activities or employment policies as required by the Act.

3. The Act requires the school district to locate, evaluate and determine if the student is a qualified individual requiring accommodation necessary to provide access to educational programs.
4. Parents are entitled to have the opportunity to review relevant educational records under the Family Education Rights and Privacy Act (FERPA).
5. Parents or guardians disagreeing with the decisions reached by school personnel for accommodations necessary for access to educational programming and/or facilities may request a hearing before an impartial hearing officer by notifying the school principal.
6. The designated school district Section 504 Coordinator is:
Dr. David Leigh
West Morris Admin Bldg
4 Bridges Road
Chester, NJ 07930
Phone: (908) 879-6404 x1477
7. Building Principal is:
Mr. Steve Ryan
West Morris Central High School
259 Bartley Road
Chester, NJ 07930
Phone: (908) 879-5212 x3320

cc: WMC or WMM Building Administrators

The above information has been explained and a copy given to me.

Signature of Parent or Guardian:

[Redacted Signature]

Signature of Case Monitor:

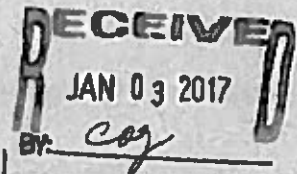
[Handwritten Signature]

Date:

12/7/12

EXHIBIT G

KD/SW MTG BY 1/23 MTG 1/9/16

WEST MORRIS REGIONAL HIGH SCHOOL DISTRICT
SPECIAL EDUCATION REFERRAL

Pupils Name: [REDACTED]

Date: 1/3/17

Date of Birth: [REDACTED]

Grade: 10

School:



WMC



WMM

Address: [REDACTED]

Counselor: Cusack

Admin: [REDACTED]

I&RS Monitor: Cusack

Home Phone: [REDACTED]

Mother/Guardian Address: [REDACTED]

Same address

Work Phone: [REDACTED]

Father/Guardian Address: [REDACTED]

Same address

Work Phone: [REDACTED]

THE FOLLOWING ATTACHMENTS ARE REQUIRED. COUNSELOR GATHERS THE INFORMATION AND CHECKS OFF (use NA if not applicable):

- ☒ Elementary/Middle/High School Records
- ☒ All Standardized Testing Results
- ☒ Action Plan and/or 504 Plan
- ☒ Documentation of Pre-Referral Intervention Outcomes (COUNSELOR)
- ☒ Documentation of Pre-Referral Intervention Outcomes (I&RS MONITOR)
- ☒ Any Documentation/Reports/Requests/Letters from Parent(s)/Guardian(s)
- ☒ Student Writing Sample
- ☒ Current Teacher Input Forms
- ☒ Student Schedule
- ☒ Progress/Quarterly Grade Reports and Transcript
- ☒ Attendance Records & Disciplinary Records
- ☒ Medical Records (Nurses Office)
- ☐ If this is a Staff Referral, Principals' Notification Letter
- ☐ Other:

24714

STATEMENT OF PRESENTING PROBLEM WHICH REQUIRES THIS REFERRAL TO SPECIAL SERVICES:

[REDACTED] was hospitalized on 9/27/16 for Depression/Anxiety. She entered a Partial Care program and transferred to the Children's Psychiatric Center on 10/17/16 & received tutoring through American Tutor company. She was released from program & closed to return to school on 12/7/16. [REDACTED] attended 2 days & refused to return on 3rd day. I & CAC said that [REDACTED] would not be able to return to school. [REDACTED] has not been able to return to school since 1/3/17.

PRE-REFERRAL INTERVENTION INFORMATION

(Counselor Completes)

- I. Documentation of Pre-Referral Interventions (Attach 504 Plans, Action Plans, Disciplinary Interventions, Student Assistant Counselor Interventions, Student Schedule Changes, Basic Skills Remediation, etc.)
- II. Please explain why, in your opinion, the Pre-referral Interventions have not been successful in assisting this student:

Interventions through Guidance Dept. & I-205 Committee have not been successful at this point because [redacted] has not been attending school to take advantage of supports due to ongoing Depression and Anxiety.

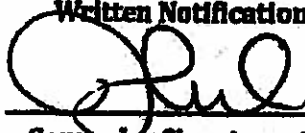



- III. Describe the services that have been provided to this student and from which department or staff member:

- Monitoring & Counseling through Guidance Department
- Partial Case Counseling at I-205 from 10/17 - 12/7.
- 504 plan through I-205 Committee effective 12/7/16.

- IV. Other information you feel is pertinent to this referral:

met Mrs. [redacted] explored private schools setting but have opted to keep [redacted] at WMC + go see the CST within.

NOTE: All information must be completed in a timely manner to insure the initial meeting is scheduled per NJAC 6A:14 timeline requirements. Principal's Office provides parents with Written Notification only if this is a Staff Referral.

	1/3/17		1/3/17
Counselor Signature	Date	Referring Staff Member(s)	Date
	1/3/17		1/3/17
Guidance Director Signature	Date	Building Principal	Date

DISPOSITION: CST CASE MANAGER INFORMS THE DIRECTOR OF SPECIAL EDUCATION WITH THE IDENTIFICATION TEAMS EVALUATION DECISION WITHIN 20 WORKING DAYS OF THE DATE OF REFERRAL.

Revised 9/14/05 Forms not to be revised without approval

EXHIBIT H

25



West Morris High School
Joe Cusack

1/4/2017

Dear Mr. Cusack,

Our daughter [REDACTED] has been diagnosed with depression and severe anxiety. We would like to request a CST evaluation and IEP for her. We would also like to request home instruction. Thank you for your help in this matter.

Sincerely,

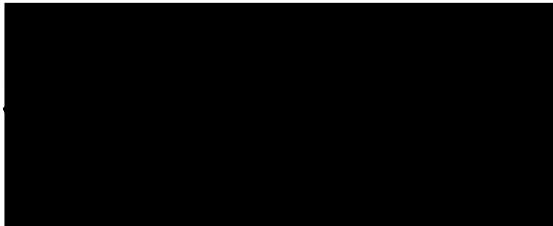


EXHIBIT I

ICCPC

Immediate Care
Children's
Psychiatric Center
28 B Hill Road, Parsippany, NJ 07054
TEL (973) 794-3281 FAX (973) 794-3284
www.NJPsychCenter.com

1.6.17

To: Joe Cusack

Re: [REDACTED]

This letter is to notify the child study team at West Morris High School that the clinical team is recommending that [REDACTED] be assessed and approved for an IEP. [REDACTED] struggles with major anxiety related to school work. She places a lot of pressure on herself as well as has fear of failure. [REDACTED] also struggles with depression that can involve some suicidal thoughts at times. Her depression has impacted her to the point where she has not been able to attend school due to lack of motivation and the inability to function. [REDACTED]'s anxiety has also prevented her from being able to attend a regular high school, as she feels judged, pressured and scared. In order for [REDACTED] to continue working her anxiety and depression as well as have the ability to attend school, she will need a smaller and more therapeutic environment for school. [REDACTED] greatly improved while in program due to the fact that she was able to be in a smaller class/group setting, process her feelings and emotions and receive more individualized attention for school work. She would greatly benefit from more time in a therapeutic setting to continue progressing with her anxiety, depression and function in school. If there are any questions, please feel free to contact me. Thank you.

Diagnosis:

Axis I: F33.2 Major Depressive Disorder, recurrent, severe, without psychotic features; F41.1 Generalized anxiety disorder

Axis II: Deferred

Axis III: none

Axis IV: Educational and social support

Axis V: GAF = 55

Sincerely,



Melissa Dolgos, LAC
Senior Clinician
973-794-3281 X222



Dr. Srinivasan
Program Psychiatrist

I.C.C.P.C. - Immediate Care Children's Psychiatric Center

EXHIBIT J

WEST MORRIS REGIONAL HIGH SCHOOL DISTRICT

Chester, New Jersey

Department of Special Services

Social History

CONFIDENTIAL

NAME: [REDACTED]

SCHOOL: West Morris Central H.S.

PARENTS: [REDACTED]

GRADE: 10

ADDRESS: [REDACTED]

C.A.: 16.0

D.O.B.: [REDACTED]

EXAMINER: Betina Goldberg-Rappoport, MSW, LCSW

REASON FOR IDENTIFICATION: [REDACTED] was referred to the Child Study Team for evaluation due to difficulty attending school. [REDACTED] was enrolled in a therapeutic program full day for several months and coming back has proven impossible for her. Currently she is home receiving home instruction while the evaluations are being completed.

MEDICAL AND DEVELOPMENTAL HISTORY: Mrs. [REDACTED] was 40 years old when [REDACTED] was born. She was full term weighing 8 lbs. She was well enough to be discharged from the hospital with her mother. [REDACTED] had a difficult time gaining weight at first so had formula supplementing breast milk by four months old.

According to Mrs. [REDACTED], [REDACTED] achieved developmental milestones early. She continues to be a healthy young lady. She had no chronic ear, nose or throat issues. [REDACTED] never had surgery or any hospitalizations. She eats two meals a day, breakfast and dinner. [REDACTED] said that she is not hungry during the day. [REDACTED] goes to bed at around 11 and sleeps through the night. She has no difficulty falling or staying asleep.

A review of the family's medical and educational history revealed the following. [REDACTED]'s oldest brother [REDACTED], 23 has Asperger's. He is high functioning and currently finishing a Master's degree in composition. He writes predominantly church music.

Maternal uncle is diagnosed with anxiety, depression and OCD (obsessive, compulsive disorder). He too is high functioning and works as a translator of documents from German to English. He is not married, but has a girlfriend. Maternal great-grandmother made have suffered from depression as well.

Grandparents died from varying ailments. Paternal grandmother was the only one that died of old age. Their deaths were sad for [REDACTED], but she was not devastated as her relationships with them were not particularly close and intense.

In 6th grade, [REDACTED] described starting to feel lonely. She said it wasn't severe and she did have friends. As her brothers began to go away to college, she started to feel more and more depressed. In September, 2016 she told a friend that she felt suicidal. Instead of being inpatient, [REDACTED] went to ICCPC (Immediate Care Children's Psychiatric Center). She attended an Intensive Day Program from 9:00 a.m.- 2:30 p.m. and then tutoring in the same place from 2:30 p.m.- 4:30 p.m. She also worked with a therapist and psychiatrist there. She was diagnosed with depression and anxiety. [REDACTED] worked with a therapist every other day and had many group sessions with children her age. Techniques such as DBT and CBT were used. [REDACTED] felt that the therapy along with the medication was certainly helping. [REDACTED] continues to be on Prozac 10 ml. and Wellbutrin 150 ml. She is followed by Dr. Srinivasan who is the owner of ICCPC and her clinician Melissa. Additionally, when not in program, [REDACTED] saw Tracie Sakar, LCSW who she felt was helpful.

Parents terminated the program a bit before Christmas. They felt that [REDACTED] would do better with everything once her brothers began to return home. Neither [REDACTED] nor staff at ICCPC felt that [REDACTED] was quite ready. [REDACTED] felt that Christmas break was more difficult than usual because her aunt and cousin were visiting. It was all too much for her. She felt that by the time her relatives left that she was feeling badly again. [REDACTED] attempted to return to West Morris shortly before winter break and it was just too difficult. Her anxiety was too acute to be able to stay in school.

SCHOOL HISTORY: Currently, [REDACTED] is on home bound instruction. She has tutors come to the house and she attends therapy sessions at ICCPC twice a week in the afternoon. [REDACTED] is very socially isolated. The one friend she considered her closest has been unkind. This had a devastating effect on [REDACTED].

[REDACTED] has never had learning issues. Throughout her school history she was a strong student. Currently her emotional issues are paramount and preventing her from being in a mainstream setting. Her

parents have been exploring small private high schools where she might be more comfortable. Some of these schools are religious schools. None are therapeutic.

FAMILY AND SOCIAL HISTORY: [REDACTED] and [REDACTED] have been married for 27 years. They have four children [REDACTED] This is the first and only marriage for both parents.

[REDACTED] was raised in Lakewood, NJ. Her parents are deceased. She has a sister that lives in Hawaii and a brother who lives in Virginia. [REDACTED] enjoys her maternal uncle because he is funny. She cares for her aunt, but she is more intense in nature and [REDACTED] become apprehensive with that type of personality. She is big hearted, but often has no filter and says whatever she is thinking despite the impact of her words.

[REDACTED] was raised in Bergen County. His parents are deceased as well. [REDACTED] was an only child so [REDACTED] has no connections there.

[REDACTED] has a close relationship with her brothers. She is the youngest and only girl. She feels protected and comfortable with them. They are all in college or graduate school and this is very difficult for [REDACTED]. She likes having them home and interacting with them on a regular basis. Her parents are caring and loving towards her.

[REDACTED] does have some chores around the house that include caring for two cats and a dog and emptying the dish washer. She spends most of her time playing guitar and preparing for her classes.

SUMMARY: [REDACTED], a 10th grader, is the youngest and only daughter of four born to an intact family. [REDACTED] senses that she began feeling loneliness in 6th grade and by September of 10th grade was depressed, anxious and suicidal. Her parents put her into a therapeutic program immediately and this appeared to help [REDACTED] a great deal. She was in a full time day program at Immediate Care Children's Psychiatric Center until right before winter break. She had no intervention for a few weeks during the holiday and family visits and she decompensated some. Currently she is on home-bound instruction after returning to school proved too stressful and has tutors coming to the home along with afterschool programs twice a week at ICCPC.

Betina Goldberg-Rappoport
Betina Goldberg-Rappoport, LCSW, MSW

EXHIBIT K

**CLIFTON PUBLIC SCHOOLS
SPECIAL EDUCATION DEPARTMENT**

The material contained herein is privileged, confidential and restricted to professional personnel.

REPORT OF PSYCHOLOGICAL EVALUATION

WEST MORRIS CENTRAL HIGH SCHOOL GRADE: 10
DATE OF EVALUATION: 1-19-17 PSYCHOLOGIST: SHERRY WILK

REASON FOR REFERRAL:

██████ was referred by her parents for a psychological evaluation as part of the assessment process (as per N. J. Administrative Code 6A: 14) to assess her current functioning levels, determine if she is eligible for Special Education and Related Services, and to help plan an appropriate educational program. Her parents are concerned about the impact her anxiety and depression has on her functioning in school.

BACKGROUND INFORMATION:

██████ was hospitalized on 9/22/16 at Immediate Care Children's Psychiatric Center, for depression and anxiety. She subsequently attended the partial care program, where she received counseling and academic tutoring. It was reported that she improved in the small, therapeutic school environment, where she received individualized attention. On 10/17/16, she was released from the program and cleared to return to school. After attending WMCHS for two days, she refused to go back to school. She has been receiving Home Instruction since 10/24/16, and a 504 plan was implemented for her effective 12/7/16.

██████ has been diagnosed by the Immediate Care Children's Psychiatric Center as having Major Depressive Disorder, recurrent, severe, without psychotic

features, as well as with Generalized Anxiety Disorder. She is currently taking Prozac and Wellbutrin. The Center is recommending that she be educated in a smaller and more therapeutic environment so that she could continue progressing with her anxiety, depression, and school functioning.

██████████ is currently a 10th grade student in a general education program at West Morris Central High School. She is taking French 2 Geometry, US History 2, English 2, and Chemistry, all at the Advanced level. Last year in 9th grade, Jenna's core academic classes were at the Advanced level, and her grades ranged from "A" to "B-." In 8th grade, she was absent 19 times, with grades in core subjects ranging from "B" to "C+."

See recent Social History Report for additional pertinent information.

OBSERVATION:

On a one-to-one basis during the testing session, ██████████ was pleasant and friendly. Although she has not been attending school, she was (almost) punctual for the evaluation appointment. She was cooperative, and completed all components of the evaluation without resistance. She was initially slightly apprehensive, but relaxed as the evaluation proceeded. She was able to focus and concentrate, and was not fidgety or easily distracted. She did not give-up easily, and persevered on the more challenging items. She rarely required clarification of instructions or repetition of directions. Nor did she make any inquiries. She executed all paper and pencil tasks in a timely fashion with due consideration given to the final product. Her manner of responding was slow, reflective and self-paced.

METHODS OF ASSESSMENT:

Wechsler Adult Intelligence Scale - Fourth Edition (WAIS-IV)

Diagnostic Interview

Information from school personnel

Review of school records

Observation

Behavioral Assessment System for Children, Second Edition (BASC-2)

- Parent Rating Scales
- Self-Report of Personality

ASSESSMENT RESULTS AND INTERPRETATION:

Cognitive Functioning:

██████ was administered ten subtests of the Wechsler Adult Intelligence Scale—Fourth Edition. The WAIS-IV is an individually administered battery of tests that evaluates intellectual functioning across different areas of abilities. The Full Scale score (FS/Q) is an index of general overall cognitive functioning, from which composite scores are derived. The Full Scale IQ (FSIQ) is derived from a combination of ten subtest scores and is considered the most representative estimate of global intellectual functioning.

The WAS- IV also provides a measure of four index scores: Verbal Comprehension (VCI), Perceptual Reasoning (PRI), Working Memory (WMI), and Processing Speed (PSI). The Verbal Comprehension subtests assess the child's ability to process verbal material and to use language to reason and express ideas. The Perceptual Reasoning subtests evaluate nonverbal reasoning, visual-spatial perception, and ability to process visual material. Auditory recall and attention are assessed by Working Memory subtests, and visual-motor integration and efficiency of visual processing are measured by Processing Speed subtests. Each of these index scales has a number of subtests, i.e., areas of specific/special ability or skill. The index scores are summary measures of these specific abilities.

Subtests scores (i.e., specific abilities) are compared to other children in the same age group, and provide an indication of strengths and weaknesses compared to same age peers. Subtests are also examined to determine personal strengths and weaknesses in order to understand learning style. It should be noted that a subtests score may differ from that of same age peers, but may not be a personal strength or weakness. Conversely, the score may indicate a personal strength or weakness without differing from that of the same age group.

No array of tasks can cover all aspects of ██████'s intelligence. Factors such as creativity, artistic skills, etc., are not tapped by standard intelligence tests. Furthermore, traits and attitudes such as planning, goal awareness, impulsivity, anxiety, persistence, enthusiasm, and field (in)dependence, also shape how Jenna 's abilities are expressed. It also should be noted that children develop their intellectual abilities in different ways, and have different patterns of cognitive strengths and weaknesses.

This assessment can be considered a reliable and fairly valid estimate of ██████'s current cognitive functioning. The following interpretation best describes her functioning at the present time.

Composite Score Summary

Scale	Composite Score	Percentile Rank	95% Confidence Interval	Qualitative Description
Verbal Comprehension	VCI 116	86	110-121	High Average
Perceptual Reasoning	PRI 107	68	100-113	Average
Working Memory	WMI 86	18	80-94	Low Average
Processing Speed	PSI 94	34	86-103	Average
Full Scale	FSIQ 104	61	100-108	Average

The FSIQ is a measure of general ability and is considered the most representative estimate of global intellectual functioning. The VCI is a measure of concept formation, verbal reasoning, and knowledge acquired from one's environment. The PRI is a measure of perceptual and fluid reasoning, spatial processing, and visual-motor integration. The WMI measures the ability to retain information in memory, perform an operation with it, and produce a result. The PSI measures the ability to quickly and correctly scan, sequence or discriminate simple visual information.

██████'s performance is evaluated in terms of her overall ability as well as patterns of composite and subtest scaled scores. Relative to children of comparable age, ██████'s current general level of cognitive ability is estimated to be within the average range of intellectual functioning on a standardized measure of intellectual functioning. Her overall thinking and reasoning abilities exceed those of approximately 61% of individuals her age (FSIQ = 104; 95% confidence interval = 100-108). She performed slightly better on verbal than on nonverbal reasoning tasks, but there is no meaningful difference between ██████'s ability to reason with and without the use of words.

Verbal Comprehension Subtest Scores Summary

Subtests	Scaled Score
Similarities	11
Vocabulary	13
Information	15

Similarities: measures verbal abstract reasoning and concept formation.

Vocabulary: measures word knowledge, verbal concept formation, fund of knowledge, learning ability long-term memory, and degree of language development. Best overall measure of general intelligence

Information: measures isolated knowledge, verbal reasoning, ability to evaluate and use past experience, and ability to demonstrate practical information.

Perceptual Reasoning Subtest Scores Summary

<i>Subtests</i>	<i>Scaled Score</i>
<i>Block Design</i>	<i>9</i>
<i>Matrix Reasoning</i>	<i>11</i>
<i>Visual Puzzles</i>	<i>14</i>

Block Design: measures ability to analyze and synthesize abstract visual stimuli. Strong measure of nonverbal intelligence and reasoning.

Matrix Reasoning: measures fluid intelligence and estimates general intellectual

Visual Puzzles: measures visual processing, spatial relations, closure speed, and visualization; good measure of Perceptual Organization ability.

Working Memory Subtest Scores Summary

<i>Subtests</i>	<i>Scaled Score</i>
<i>Digit Span</i>	<i>6</i>
<i>Arithmetic</i>	<i>9</i>

Digit Span: measures auditory short-term memory, sequencing skills, attention, and concentration.

Arithmetic: measures numerical reasoning, attention, and short-term auditory memory.

Processing Speed Subtest Scores Summary

<i>Subtests</i>	<i>Scaled Score</i>
<i>Symbol Search</i>	<i>5</i>
<i>Coding</i>	<i>13</i>

Symbol Search: measures processing speed, short-term visual memory, visual-motor coordination, cognitive flexibility, visual discrimination, and concentration.

Coding: measures processing speed, short-term memory, learning ability, visual perception, visual-motor coordination, visual scanning ability, cognitive flexibility, attention and motivation.

■■■■■■'s verbal reasoning abilities as measured by the Verbal Comprehension Index (VCI) are in the high average range and above those of approximately 86% of her peers (VCI = 116; 95% confidence interval = 110-121). The VCI is designed to measure verbal reasoning and concept formation. Jenna's performance on the verbal subtests contributing to the VCI presents a diverse set of verbal abilities, as she performed much better on some verbal tasks than

others. The degree of variability is unusual and may be noticeable to those who know her well.

■■■■■ achieved her best performance among the verbal reasoning tasks on the Information and Vocabulary subtests. Her strong performances on the Information and Vocabulary subtests were better than that of most of her peers. As a direct assessment of word knowledge, the Vocabulary subtest is one indication of her overall verbal comprehension. Performance on this subtest also requires abilities to verbalize meaningful concepts as well as to retrieve information from long-term memory (Vocabulary scaled score = 13). Performance on the Information subtest also may be influenced by cultural experience and quality of education, as well as her ability to retrieve information from long-term memory (Information scaled score = 15). This subtest is primarily a measure of her fund of general knowledge

■■■■■'s nonverbal reasoning abilities as measured by the Perceptual Reasoning Index (PRI) are in the average range and above those of approximately 68% of her peers (PRI = 107; 95% confidence interval = 100-113). ■■■■■ presents a diverse set of nonverbal abilities, performing much better on some nonverbal tasks than others. The degree of variability is unusual for individuals her age and may be noticeable to those who know her well. ■■■■■'s performance was significantly better on the Visual Puzzles subtest than her own mean score. Furthermore, she performed better than most of her peers, thus demonstrating strong abilities on the Visual Puzzles subtest. Performance on this task may be influenced by visual perception, broad visual intelligence, fluid intelligence, simultaneous processing, spatial visualization and manipulation, and the ability to anticipate relationships among parts (Visual Puzzles scaled score = 14).

■■■■■'s ability to sustain attention, concentrate, and exert mental control is in the low average range. She performed better than approximately 18% of her peers in this area (Working Memory Index (WMI) = 86; 95% confidence interval 80-94). ■■■■■'s abilities to sustain attention, concentrate, and exert mental control are a weakness relative to her nonverbal and verbal reasoning abilities. A weakness in mental control may make the processing of complex information more time-consuming for ■■■■■, draining her mental energies more quickly as compared to others at her level of ability, and perhaps result in more frequent errors on a variety of learning or complex work tasks.

■■■■■'s ability in processing simple or routine visual material without making errors is in the average range when compared to her peers. She performed better than approximately 34% of her peers on the processing speed tasks (Processing Speed Index [PSI] = 94; 95% confidence interval 86-103). ■■■■■'s performance on the subtests that compose the PSI is quite variable; therefore, the PSI score should be interpreted with caution. She performed much better on Coding (scaled score = 13), which is more demanding of fine-motor skills, short-term memory, and learning ability, than on Symbol Search (scaled score = 5), which is more demanding of attention to detail and visual discrimination.

Processing visual material quickly is an ability that [REDACTED] performs less well than her verbal reasoning ability. Processing speed is an indication of the rapidity with which [REDACTED] can mentally process simple or routine information without making errors. Because learning often involves a combination of routine information processing (such as reading) and complex information processing (such as reasoning), a relative weakness in the speed of processing routine information may make the task of comprehending novel information more time-consuming and difficult for [REDACTED]. Thus, this may leave her less time and mental energy for the complex task of understanding new material. Although much less developed than her verbal and nonverbal reasoning abilities, [REDACTED]'s speed of information processing abilities are still within the average range and better than those of approximately 34% of her age-mates (Processing Speed Index = 94; 95% confidence interval 86-103).

Social And Emotional Functioning

According to her hospital therapist, [REDACTED] "struggles with major anxiety related to school work. She places a lot of pressure on herself, (and has) ... fear of failure. Jenna also struggles with depression that can involve some suicidal thoughts at times. Her depression has impacted her to the point where she has not been able to attend school due to lack of motivation and the inability to function. [REDACTED]'s anxiety has also prevented her from being able to attend a regular high school, as she feels judged, pressured and scared."

[REDACTED] presents as a slightly anxious girl who wants to be perceived as poised and mature. She is articulate, and expresses her thoughts without much prompting. She denies interpersonal problems with her family or peers, and says she cannot identify what is contributing to her school avoidance. However, her insight tends to be limited, and she probably feels unable to solve her difficulties. Her affect appears to be somewhat restrictive, although this may be due to medication. It is likely that she perceives her family as quite supportive.

Behavioral Assessment System for Children, Second Edition (BASC-2) is an integrated system designed to facilitate the differential diagnosis and classification of a variety of emotional and behavioral disorders of children and to aid in the design of treatment plans. Scale scores in the Clinically Significant range suggest a high level of maladjustment. Scores in the At-Risk range may identify a significant problem that may not be severe enough to require formal treatment or may identify the potential of developing a problem that needs careful monitoring. The narrative and scale classifications are based on scores obtained using norms.

- **BASC-2 Self-Report of Personality**
(Based on [REDACTED]'s rating of herself)

Some caution should be employed regarding the interpretation of the Self-Report of Personality, as [REDACTED] depicted her behavior in an inordinately negative fashion. While as it is possible that [REDACTED] may be exaggerating some of her symptoms and maladaptive behaviors, it is also plausible that she may be actually experiencing acute psychological distress.

As compared to her peers, [REDACTED] rates herself as *not* having any noteworthy difficulties in a number of areas, including, sensation seeking, atypicality, locus of control, attention problems, hyperactivity, relations with parents, self-reliance, test anxiety, anger control, and mania. However, she does rate herself as having notable difficulties in the following areas:

School Problems composite scale: [REDACTED]'s score on this composite falls in the At-Risk classification range. Problematic areas include:

Attitude to School: [REDACTED] reports that she dislikes school and sometimes wishes to be elsewhere. Her score falls in the At-Risk classification range

Attitude to Teachers: [REDACTED] generally considers her teacher(s) to be unfair, uncaring, and/or overly demanding. Her score falls in the Clinically Significant classification range.

Internalizing Problems composite scale: [REDACTED]'s score on her composite scale falls in the At-Risk classification range. Problematic areas include:

Social Stress: [REDACTED] reports some difficulty with establishing and maintaining close relationships with others, and reports sometimes being isolated and lonely. Her score falls in the At-Risk classification range.

Anxiety: [REDACTED] reports substantial worrying, nervousness, and/or an inability to relax. Her score falls in the At-Risk classification range.

Depression: [REDACTED] reports sometimes feeling sad, being misunderstood, and/or feeling that life is getting worse and worse. Her score falls in the At-Risk classification range.

Sense of Inadequacy: [REDACTED] reports sometimes being dissatisfied with her ability to perform a variety of tasks, even when putting forth substantial effort. Her score falls in the At-Risk classification range.

Somatization: [REDACTED] reports experiencing health-related problems that may include headaches, sore muscles, stomach ailments, and/or dizziness. Her score falls in the At-Risk classification range.

Emotional Symptoms Index: The Emotional Symptoms Index (ESI) is the most global indicator of serious emotional disturbance, particularly internalized disorder. [REDACTED]'s score on her composite scale falls in the At-Risk classification range. See below for Problematic areas.

Personal Adjustment composite-scale: [REDACTED]'s score on her composite scale falls in the At-Risk classification range. Problematic areas include

Interpersonal Relations: [REDACTED] reports having substantial difficulty establishing and maintaining relationships with others. Her score falls in the Clinically Significant classification range.

Self-Esteem: [REDACTED] reports a lower self-image than others her age. Her score falls in the At-Risk classification range.

Content Scales

Ego Strength: [REDACTED] reports dissatisfaction with herself and her abilities. Her score falls in the At-Risk classification range.

Critical Items of note:

[REDACTED] admits to believing that she never seems to get anything right. She also revealed that she often feels sad, and that she "hates" school. In addition, she reports sometimes feeling that no one understands her, that other kids hate to be with her, and that her life is getting worse and worse.

- Parent Rating Scales (Based on Parent's rating of [REDACTED]'s behavior)

As compared to her peers, [REDACTED] is rated by her parent as having typical adolescent behaviors in a number of areas, including: hyperactivity, aggression, conduct problems, somatization, atypicality, attention problems, and social skills, activities of daily living, anger control, bullying, emotional self-control, and executive functioning. However, [REDACTED] is rated by her parent as having noteworthy difficulties in the following areas: including:

Internalizing Problems: [REDACTED]'s overall scores on her composite scale fall in the At-Risk classification range. Problematic areas include:

Anxiety: [REDACTED]'s parent reports that she sometimes displays behaviors stemming from worry, nervousness, and/or fear. [REDACTED]'s scores on this scale fall in the At-Risk classification range

Depression: [REDACTED]'s mother reports that [REDACTED] is withdrawn, pessimistic, and/or sad. Scores in this range warrant assessment of vegetative symptoms (e.g., weight loss or gain, fatigue, etc.). Her score on this scale falls in the Clinically Significant classification range.

Behavioral Symptoms Index:

Withdrawal: [REDACTED]'s parent reports that she generally alone, has difficulty making friends, and/or is unwilling to join group activities. Her score on this scale falls in the Clinically Significant classification range.

Adaptive Skills Composite Scale: [REDACTED]'s overall scores on her composite scale fall in the At-Risk classification range. Problematic areas include:

Adaptability: [REDACTED]'s score falls in the At-Risk classification range. Her parent reports that [REDACTED] has difficulty adapting to changing situations, and that

she takes longer to recover from difficult situations than most others her age.

Leadership: [REDACTED]'s parent reports that [REDACTED] sometimes has difficulty making decisions, lacks creativity, and/or has trouble getting others to work together effectively. Her score falls in the At-Risk classification range.

Functional Communication: [REDACTED]'s parent indicates that [REDACTED] demonstrates poor expressive and receptive communication skills, and that she has difficulty seeking out and finding information on her own. [REDACTED]'s score falls in the At-Risk classification range.

Content Problem

Developmental Social Disorders: [REDACTED]'s parent reports that she has some problems concerning social skills and communication. Her score falls in the At-Risk classification range.

Negative Emotionality:

[REDACTED]'s parent reports that [REDACTED] has a tendency to react negatively when faced with changes in everyday activities or routines. [REDACTED]'s score falls in the At-Risk classification range.

Resiliency: [REDACTED]'s parent reports that Jenna has difficulty overcoming stress and adversity. Her score falls in the Clinically Significant classification range.

Critical Items of note: [REDACTED]'s parent reports that [REDACTED] has some issues involving food consumption. Furthermore, it is reported that [REDACTED] is often easily annoyed by others, and sometimes threatens to hurt others.

SUMMARY AND CONCLUSION:

Relative to children of comparable age, [REDACTED]'s current general level of cognitive ability is estimated to be within the average range of intellectual functioning on a standardized measure of intellectual functioning. Her overall thinking and reasoning abilities exceed those of approximately 61% of individuals her age (FSIQ = 104; 95% confidence interval = 100-108). Her general verbal comprehension abilities were in the high average range (VCI = 116), and her general perceptual reasoning abilities were in the average range (PRI = 107). [REDACTED]'s ability to sustain attention, concentrate, and exert mental control is in the low average range (WMI = 86). [REDACTED]'s ability in processing simple or routine visual material without making errors is in the average range when compared to her peers (PSI = 94). She performed slightly better on verbal than on nonverbal reasoning tasks, but there is no meaningful difference between [REDACTED]'s ability to reason with and without the use of words. Also, as she performed much better on some verbal tasks than others. Furthermore, due to variability between the two subtests that compose the PSI, caution is warranted when interpreting this Index score. Significant specific strengths include orally defining vocabulary words, knowledge of isolated facts/information, and analysis and synthesis of abstract visual stimuli and nonverbal reasoning. A significantly weaker specific skill

involves the interplay of visual memory and discrimination, attentiveness to visual tasks, processing speed, visual-motor organization, and cognitive adaptability. Moreover, another significant weakness involves her auditory short-term memory. The latter specific skills score at a Borderline level.

██████ struggles with anxiety and depression, and has a fear of academic failure. She has limited insight into her difficulties, feels helpless, and likely has limited problem-solving abilities. She does feel her family is supportive of her.

As compared to her peers, ██████ rates herself as *not* having any noteworthy difficulties in a number of areas, including, sensation seeking, atypicality, locus of control, attention problems, hyperactivity, relations with parents, self-reliance, test anxiety, anger control, and mania. However, ██████ rates herself within the *At-Risk* range in attitude to school, social stress, anxiety, depression, sense of inadequacy, somatization, self-esteem, and ego strength. Furthermore, ██████ rates herself in the *Clinically Significant* range in attitude to teachers, interpersonal relations. As compared to her peers, ██████ is rated by her parent as having typical adolescent behaviors in a number of areas, including: hyperactivity, aggression, conduct problems, somatization, atypicality, attention problems, and social skills, activities of daily living, anger control, bullying, emotional self-control, and executive functioning. However, ██████'s parent rates her within the *At-Risk* range in anxiety, adaptability, leadership, functional communication, social development, and negative emotionality. Furthermore, ██████'s parent rates her in the *Clinically Significant* range in depression, withdrawal, and resiliency.



Sherry J. Wilk, M.A.
Certified School Psychologist

EXHIBIT L



Immediate Care Psychiatric Center

Srinivas K Rao, M.D.
Shankar Srinivasan, M.D.
Rashminkumar Solanki, M.D.
Krishna Maruti, M.D.
Evelyn Kaminiski, APN-R
Susan Frantz, L.C.S.W.
Mary Lorraine Graham, L.C.S.W.
Virginia Twenig, L.C.S.W.
Sarah Levy, L.C.S.W.

www.nipsychcenter.com

IMMEDIATE CARE PSYCHIATRIC CENTER ("ICPC")
IMMEDIATE CARE CHILDREN'S PSYCHIATRIC CENTER ("ICCPC")
IMMEDIATE CARE WOMEN'S PSYCHIATRIC CENTER ("ICWPC")

March 15, 2017

To Whom It May Concern:

RE: [REDACTED]

Psychiatric Evaluation

I- Reason for Consultation:

"Depression and Anxiety"

II- Informants for the Assessment:

[REDACTED] and [REDACTED]'s mother

III- History of Presenting Illness:

[REDACTED] reports doing well until the past January of 2016, at which time she began to experience relapse of her depression, her symptoms included sadness, no motivation, loss of interest, hopelessness and suicidal ideation. There was no apparent trigger other than returning to school. [REDACTED] denied any other symptoms of psychosis, mania, aggression or mood swings. She did admit to more anxiety, which was described as generalized worry and panic type symptoms. [REDACTED]'s relapse has caused significant psychological distress and is impacting her ability to go to school. Due to her struggles she was re-admitted to ICCPC partial hospital program.

IV- Psychiatric History:

[REDACTED] was first admitted to ICCPC Day partial hospital program for the first time in October of 2016, for worsening depression. [REDACTED] feels her depression has been ongoing since January of 2016. [REDACTED] was seeing her primary care for medication, as she was placed on Lexapro and was also seeing a private outpatient therapist at this time.

Morris County: 22 Hill Road Parsippany NJ 07054 | P: (973) 335-9909 | F: (973) 335-9910

Bergen County: 205 Robin Road Suite 115 | Paramus, NJ 07652 | P: (201) 984-9373 | F: (201) 561-0198

WM 063



Immediate Care Psychiatric Center

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Evelyn Kaminski, APN-I
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IMMEDIATE CARE WOMEN'S PSYCHIATRIC CENTER ("ICWPC")

- No history of inpatient treatment
- No addiction or substance abuse history
- No history of suicide attempts
- No history of violence

V- Family Psychiatric History:

Depression

VI- Medical History:

None NKDA

VII- Developmental History:

Normal milestones no delay, no emotional, or behavioral issues from childhood.
[REDACTED] has done well academically and is socially well related.

VIII- Social History:

[REDACTED] lives with her parents, and has 3 older brothers all in college.
She is currently in the 10th grade.

IX- Mental Status Examination:

Appearance- neatly groomed, well nourished female
Speech: Normal



Immediate Care Psychiatric Center

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Shankar Srinivasan, M
Rashminkumar Solanki, M
Krishna Maruri, M
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IMMEDIATE CARE WOMEN'S PSYCHIATRIC CENTER ("ICWPC")

Mood: sad
Affect: flat
No suicidal or homicidal ideation
Sensorium: Normal
Attention and Concentration: Normal
Thought process: Normal
Associations: Normal
Thought content: Normal
Perception Disturbances: Denied
Judgment and insight: Normal
Memory: Normal

X- Axis Diagnoses:

Axis I: Major depression recurrent, Panic Disorder
Axis II: Deferred
Axis III: none
Axis IV: School issues
Axis V: GAF 45

XI- Assessment:

█'s psychiatric issues specifically , pervasive mood disturbances, avoidance behaviors even when not under stress, along with irrational fears and anxiety secondary to school issues, all collectively at this time are directly impacting learning and ability to maintain and build satisfactory interpersonal relationships.

XII- Recommendations:

- At this time an out an out of district placement is advised.

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WM 065



Immediate Care Psychiatric Center

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IMMEDIATE CARE CHILDREN'S PSYCHIATRIC CENTER ("ICCP")
IMMEDIATE CARE WOMEN'S PSYCHIATRIC CENTER ("ICWPC")

- [REDACTED] needs regular follow up with a child psychiatrist for medication management and psychotherapist for counseling.

If you have any questions or concerns, please feel free to contact us at (973)335-9909. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Shankar Srinivasan", written over a horizontal line.

Shankar Srinivasan M.D.
Child and Adolescent Psychiatrist

EXHIBIT M

Name: [REDACTED]

Birth Date: [REDACTED]

Eligibility Meeting Participants

Please sign in the appropriate space. A signature in this section of the Eligibility Report documents participation in the meeting and does not indicate agreement.

Participants	Name	Signature	Date
Student, if appropriate or required:	[REDACTED]		
Parent:			4/6/17
Parent:			4/6/17
General Education Teacher:	Tamara Wubbenhorst		
Special Education Teacher:	David Ehasz		
Child Study Team Member:	Sherry Wilk	<i>Sherry Wilk</i>	4-6-17
Case Manager (may be the CST member above):	Kendra Dickerson		
School Representative (may be the CST member or other appropriate school personnel):	Belina Goldberg-Rappoport		
Guidance Counselor:	Joseph Cusack	<i>J. Cusack</i>	4/6/17

**West Morris Regional High School District
Department of Special Education**

10 South Four Bridges Road

Chester, New Jersey 07930

908-879-6404

Evaluation Sequence

Name: [REDACTED]		Birth Date: [REDACTED]	Evaluation Type: Initial
Health			
<input type="checkbox"/> Allergies/Special Diet: <input type="checkbox"/> Medication: <input type="checkbox"/> Physical Restrictions:		Days Absent: <input type="checkbox"/> Vision: <input type="checkbox"/> Hearing:	
Evaluation Information			
Initial Evaluation Dates Original Referral Date: 01/03/2017 Identification Meeting Invitation Date: 01/09/2017 Parental Consent To Evaluation Obtained: 01/09/2017 Initial Eligibility Determination Date: 04/08/2017		Date Assessment Completed Psychologist: 01/19/2017 Social Worker: 01/18/2017	

Name: [REDACTED]

Birth Date: [REDACTED]

Eligibility Determination Report

Reason For Referral

[REDACTED] was referred to the CST for a comprehensive evaluation due to ongoing academic/behavioral difficulties. This assessment will determine the setting that will best meet her academic, emotional, and educational needs.

Collaborative Evaluation Summary

PSYCHIATRIC EVALUATION SUMMARY: Immediate Care Psychiatric Center (3/15/17)

[REDACTED]'s psychiatric issues specifically, pervasive mood disturbances, avoidance behaviors even when not under street, along with irrational fears and anxiety secondary to school issues, all collectively at this time are directly impacting learning and ability to maintain and build satisfactory interpersonal relationships.

Recommendations:

At this time an out of district placement is advised

[REDACTED] needs regular follow up with a child psychiatrist for medication management and psychotherapist for counseling

PSYCHOLOGICAL EVALUATION SUMMARY: Sherry J. Wilk, MA (1/19/17):

Relative to children of comparable age, [REDACTED]'s current general level of cognitive ability is estimated to be within the average range of intellectual functioning on a standardized measure of intellectual functioning. Her overall thinking and reasoning abilities exceed those of approximately 61% of individuals her age (FSIQ = 104; 95% confidence interval = 100-108). Her general verbal comprehension abilities were in the high average range (VCI = 118), and her general perceptual reasoning abilities were in the average range (PRI = 107). [REDACTED]'s ability to sustain attention, concentrate, and exert mental control is in the low average range (WMI = 86). [REDACTED]'s ability in processing simple or routine visual material without making errors is in the average range when compared to her peers (PSI = 94). She performed slightly better on verbal than on nonverbal reasoning tasks, but there is no meaningful difference between [REDACTED]'s ability to reason with and without the use of words. Also, as she performed much better on some verbal tasks than others. Furthermore, due to variability between the two subtests that compose the PSI, caution is warranted when interpreting this Index score. Significant specific strengths include orally defining vocabulary words, knowledge of isolated facts/information, and analysis and synthesis of abstract visual stimuli and nonverbal reasoning. A significantly weaker specific skill involves the interplay of visual memory and discrimination, attentiveness to visual tasks, processing speed, visual-motor organization, and cognitive adaptability. Moreover, another significant weakness involves her auditory short-term memory. The latter specific skills score at a Borderline level.

[REDACTED] struggles with anxiety and depression, and has a fear of academic failure. She has limited insight into her difficulties, feels helpless, and likely has limited problem-solving abilities. She does feel her family is supportive of her. As compared to her peers, [REDACTED] rates herself as not having any noteworthy difficulties in a number of areas, including, sensation seeking, atypicality, locus of control, attention problems, hyperactivity, relations with parents, self-reliance, test anxiety, anger control, and mania. However, [REDACTED] rates herself within the At-Risk range in attitude to school, social stress, anxiety, depression, sense of inadequacy, somatization, self-esteem, and ego strength. Furthermore, [REDACTED] rates herself in the Clinically Significant range in attitude to teachers, interpersonal relations.

As compared to her peers, [REDACTED] is rated by her parent as having typical adolescent behaviors in a number of areas, including: hyperactivity, aggression, conduct problems, somatization, atypicality, attention problems, and social skills, activities of daily living, anger control, bullying, emotional self-control, and executive functioning. However, [REDACTED]'s parent rates her within the At-Risk range in anxiety, adaptability, leadership, functional communication, social development, and negative emotionality. Furthermore, [REDACTED]'s parent rates her in the Clinically Significant range in depression, withdrawal, and resiliency.

SOCIAL HISTORY SUMMARY: Belina Goldberg-Rappoport, LCSW,MSW (1/18/17)

[REDACTED], a 10th grader, is the youngest and only daughter of four born to an intact family. [REDACTED] senses that she began feeling loneliness in 6th grade and by September of 10th grade was depressed, anxious and suicidal. Her parents put her into a therapeutic program immediately and this appeared to help [REDACTED] a great deal. She was in a full time day program at Immediate Care Children's Psychiatric Center until right before winter break. She had no intervention for a few weeks during the holiday and family visits and she decompensated some. Currently she is on home-bound instruction after returning to school proved too stressful and has tutors coming to the home along with afterschool programs twice a week at ICCPC.

Statement of Eligibility

Review of records and consideration of cognitive functioning, academic achievement, learning styles and adaptive behavior indicates that Jenna is eligible for special education and related services as meets the criteria of Emotionally Disturbed

Waiver of Notice

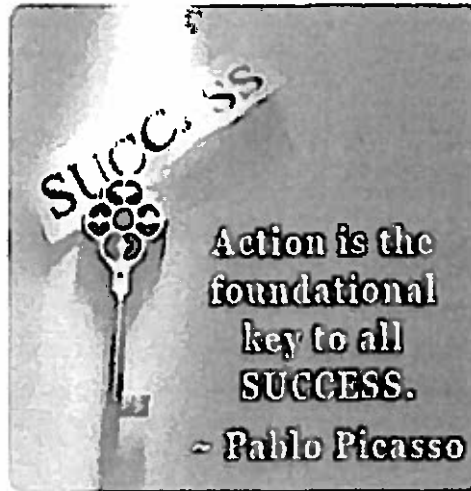
I hereby waive the 15-day notice requirement to permit the IEP team to proceed to present the IEP program and placement.

Parent(s) Signature

4/6/17
4/6/17
Date

EXHIBIT N

*Mendham High School Being
Successful Program (BSP)*



BSP Teachers

Stephen Baig

Michelle Jaross

Jessica LoScalzo

Stephanie Torr

BSP CST Support

Tracy Costa

Fred Fell

Allison Michno

Kathleen Bradshaw

Speech

Marla Guariglia

Vice Principal

Janet Slover

Director of Special Services

Michael Reinknecht

Mission Statement:

While the high school years provide tremendous opportunity for growth, there are students who struggle to identify a secure and comfortable niche, connect to teachers in a positive manner, and achieve academically at a level that is commensurate with potential. The purpose of implementing the BSP is to provide students manifesting challenges in the social, emotional, and behavioral realm an opportunity to develop skills needed to connect to peers and teachers in a positive manner, thus creating an outlook and mindset that allows learning to take place. The program is designed to offer students both positive behavioral supports as well as counseling services so that optimal performance is obtained in all areas of functioning.

Target Population:

The BSP is for students in grades 9-12 who are manifesting anxiety, depression, OCD, school avoidance, social challenges, disruptive behaviors, and academic underachievement due to lack of productivity and follow through. Many of our students have demonstrated an inability to achieve success in traditional classroom settings and have a pattern of school failure that is either emerging or pervasive. These students have a need for exposure to required proficiencies using individualized approaches that are intended to engage the disaffected learner.

Program Components:

- Hands-on learning experiences
- Individualized approach to learning
- Small group instruction
- Behavior Modification
- Individual Counseling
- Small Group Counseling
- Focus on Transition to Post Secondary Settings
- Opportunity for SLE

Staffing:

The program is primarily supported by four highly qualified teachers who possess specialized skills in working with students who have struggled due to social, emotional, and behavioral challenges. Support staff includes school psychologists and social workers who will provide counseling services to students in a consistent and ongoing manner. Multiple teachers' assistants are also in every class, including one that is bilingual in Spanish to assist the students taking mainstream Spanish classes.

Course Offerings:

Academic courses provide students with exposure to the New Jersey Core Curriculum Content Standards. Students will be exposed to curriculum that is utilized within mainstream settings with differentiation as needed relative to pace, amount and timing. Students will have the opportunity to take the following classes at a variety of levels:

- English 1, 2, 3, 4
- United States History 1 and 2, and World History
- Algebra 1, Algebra 2, Geometry, and Foundations of College of Math
- Biology, Physical Science, Integrated Earth Systems, Environmental Science
- Adaptive Physical Education with weekly yoga
- Out of Class Support
- Post-Secondary Planning
- Structured Learning Experience

*Course offerings change yearly based on need.

Administrative Support:

The Mendham High School administrative team is committed to supporting the students and staff of the BSP. The Vice-Principal in charge of special education, Ms. Janet Slover, will serve as the primary disciplinarian for students who are enrolled in the BSP program. The district recognizes the need for continuity in decision making relative to needs of students in an alternative educational program within a public school setting.

Description of the Program:

The Being Successful Program provides students classified with educational disabilities an alternative educational/classroom environment. The program offers structure and focuses on strengthening student behaviors such as responsibility for one's self and school assignments, socialization skills, and self-confidence. The program encompasses all aspects of learning for these students. Students enrolled in BSP may receive instruction in English, Math, History, Science, Out of Class Support, and

Post-Secondary Planning within the program. In addition, BSP students that are mainstreamed receive the necessary individual supports that increase the likelihood of success outside of their classroom. Besides focusing on academics; the program includes behavioral support, counseling, a quiet safe place for retreat and an environment that can be molded for each student's needs driven by their IEP.

Incentive Program:

Students can earn up to 13 points per class. There are five categories that are scored.

- Show up on time - 1 point
- Remain Alert - 2 points
- Participation - 2 points
- Respect one's self and others - 6 points
- Accomplishments - 2 points

At the end of the week, points are tallied and percentage scores are discussed with each student. If a student falls in the 69% (bronze) or lower range, there are no rewards earned.

If a student earns bronze for more than 3 weeks, he or she will not qualify for the monthly field trip. The staff will then meet with the student to discuss methods for future improvement. If the student earns the 70-79 (silver) percentage range for the week the teacher will select one Friday Earned Time activity to be withheld from the student. Students can participate in Friday Earned Time activities provided that all their work is up to date for all classes. For those students falling in the 80-89% percent range, not only can they participate in Friday Earned Time, but also can participate in a monthly field trip. Again, all missed work must be made up. Students who earn 90-100% not only get to participate in Friday Earned Time and the field trip, but receive a reward important to the individual and agreed upon by the BSP team.

This incentive program holds students accountable for mainstream classes as well. Students must have all work completed and have attended all classes outside the BSP program. Consequences will be implemented for missing classes and for missing work according to the incentive program. For example a student may have achieved the Silver level within the BSP program for the week, but may have two missing assignments in classes outside the BSP; that student will be dropped one level to Bronze. The student can regain his or her original level by making up the missing work.

Outreach to the Mainstream:

During the first week of school and the start of any second semester courses, an email is sent to the mainstream staff which provides contact information and the names of their students who are in BSP. The team will also communicate to the mainstream teachers the unique needs of the students and how the mainstreaming process works for our students.

Since the students in this program are struggling to cope with emotional and behavioral issues compounded by extreme anxiety in many cases, our program provides the students who are mainstreamed with the ability to complete work during the school day. This is where we need to ask for feedback from our mainstream teachers. Whenever a BSP student who is in another teacher's class misses class or fails to turn in work that is due, that teacher is instructed to follow the procedure below:

1. Put the work that is owed, or a note describing the assignment, in identified BSP teacher's mailbox. Be sure to write the date on the assignment.
2. The BSP teaching staff will make every effort to ensure that the student completes the work by the end of one week's time from the date that the assignment was given to the staff. Once the work is completed it will be returned to the classroom teacher labeled with the date of completion.

If the work is completed in one week's time, it is to be graded as if it was handed in on time. If the work is not completed and returned to you after one week, the student is to receive a zero for that assignment.

BSP Weekly Level Accomplishments

Platinum	Gold	Silver	Bronze
90 – 100%	80 – 89%	70 – 79%	69%
Weekly Reward Monthly Field Trip Earned Privileges to be discussed	Weekly Reward Monthly Field Trip	Weekly Reward	

(BSP Team)

Daily Behavior Tracking Points

student	Monday	Tuesday	Wednesday	Thursday	Friday
Shows up on Time (1) Remains Alert (2) Participates (2) Respects oneself and others (6) Accomplishments (2)					
Shows up on Time (1) Remains Alert (2) Participates (2) Respects oneself and others (6) Accomplishments (2)					
Shows up on Time (1) Remains Alert (2) Participates (2) Respects oneself and others (6) Accomplishments (2)					

EXHIBIT O

West Morris Regional High School District
Department of Special Education

10 South Four Bridges Road
Chester, New Jersey 07930
908-879-6404

Individualized Education Program (IEP)

State ID:

ID:

Parent/Guardian:

Parent/Guardian:

Address:

City:

State:

Zip Code:

Home Phone:

Emergency Phone:

Eligibility Category: Emotionally Disturbed

Case Manager: Kendra Dickerson

Case Manager Phone: 908-879-5212 x3530

Limited English Proficient: ☐ Yes ☒ No

Parent Consent to Implement Initial IEP: 04/06/2017

Grade: Eleventh grade

Birth Date:

Gender: Female

Ethnic: White

Primary Location: West Morris Mendham High School

IEP Type: Initial IEP

IEP Meeting Date: 04/06/2017

IEP Start Date: 04/06/2017

Annual Review Due Date: 04/05/2018

Reevaluation Due Date: 04/05/2020

Related Services

Transportation
Counseling
Extended School Year

DRAFT

Name: [REDACTED]

Birth Date: [REDACTED]

IEP Meeting Participants

Please sign in the appropriate space. A signature in this section of the IEP documents participation in the meeting and does not indicate agreement with the IEP. If a required member of the IEP team has been excused from participating in the meeting with parental consent, note the excusal in the required team member's space.

Participants	Name	Signature	Date
Student, if appropriate or required:			
Parent:	[REDACTED]		
Parent:	[REDACTED]		
General Education Teacher:	Tamara Wubbenhorst		
Special Education Teacher:	David Ehasz		
Child Study Team Member:	Sherry Wilk		
Case Manager (may be the CST member above):	Kendra Dickerson		
School Representative (may be the CST member or other appropriate school personnel):	Betina Goldberg-Rappoport		
Specialist:			
Specialist:			
Guidance Counselor:	Joseph Cusack		

Name: [REDACTED]

Birth Date: [REDACTED]

Present Levels of Academic Achievement and Functional Performance

Consider relevant data. List the sources used to develop this IEP.

Report Cards	Standardized Test
Teacher Feedback	Tracking Sheets
Parent Report	Progress Reports
Recent Evaluation	Results HSPA Scores

Describe the concerns of the parent:

Mr. and Mrs. [REDACTED] have expressed concern about the need to provide [REDACTED] an adequate level of social and emotional support while ensuring that she is receiving academic instruction at a level that is commensurate with her potential.

Describe the present levels of academic achievement and functional performance including how the student's disability affects his or her involvement and progress in the general education curriculum. For preschool children, as appropriate, describe how the disability affects the child's participation in appropriate activities [N.J.A.C. 6A:14-3.7(e)1].

4-6-17 Initial IEP Meeting

[REDACTED] and her mother and father participated in the development of the IEP. This IEP meeting was held in order to discuss her current academic progress, and develop her educational program for the remainder of this school year and for the next school year.

[REDACTED] is currently a 10th grade student in a general education program at West Morris Central High School. She is taking French 2, Geometry, US History 2, English 2, and Chemistry, all at the Advanced level. Last year in 9th grade, [REDACTED]'s core academic classes were at the Advanced level, and her grades ranged from "A" to "B-." In 8th grade, she was absent 19 times, with grades in core subjects ranging from "B" to "C+." She has been receiving Home Instruction since 10/24/16, per recommendation from her psychiatrist. A 504 plan was implemented for her effective 12/7/16.

[REDACTED] was hospitalized on 9/22/16 at Immediate Care Children's Psychiatric Center, for depression and anxiety. She subsequently attended the partial care program, where she received counseling and academic tutoring. It was reported that she improved in the small, therapeutic school environment, where she received individualized attention. On 10/17/16, she was released from the program and cleared to return to school. After attending WMCHS for two days, she refused to go back to school.

[REDACTED] has been diagnosed by the Immediate Care Children's Psychiatric Center as having Major Depressive Disorder, recurrent, severe, without psychotic features, as well as with Generalized Anxiety Disorder. She is currently taking Prozac and Wellbutrin. The Center is recommending that she be educated in a smaller and more therapeutic environment so that she could continue progressing with her anxiety, depression, and school functioning.

PSYCHIATRIC EVALUATION SUMMARY: Immediate Care Psychiatric Center (3/15/17)

[REDACTED]'s psychiatric issues specifically, pervasive mood disturbances, avoidance behaviors even when not under stress, along with irrational fears and anxiety secondary to school issues, all collectively at this time are directly impacting learning and ability to maintain and build satisfactory interpersonal relationships.

PSYCHOLOGICAL EVALUATION SUMMARY: Sherry J. Wilk, MA (1/19/17):

Relative to children of comparable age, [REDACTED]'s current general level of cognitive ability is estimated to be within the average range of intellectual functioning on a standardized measure of intellectual functioning. Her overall thinking and reasoning abilities exceed those of approximately 61% of individuals her age (FSIQ = 104; 95% confidence interval = 100-108). Her general verbal comprehension abilities were in the high average range (VCI = 116), and her general perceptual reasoning abilities were in the average range (PRI = 107). [REDACTED]'s ability to sustain attention, concentrate, and exert mental control is in the low average range (WMI = 86). [REDACTED]'s ability in processing simple or routine visual material without making errors is in the average range when compared to her peers (PSI = 94). She performed slightly better on verbal than on nonverbal reasoning tasks, but there is no meaningful difference between [REDACTED]'s ability to reason with and without the use of words. Also, as she performed much better on some verbal tasks than others. Furthermore, due to variability between the two subtests that compose the PSI, caution is warranted when interpreting this Index score. Significant specific strengths include orally defining vocabulary words, knowledge of isolated facts/information, and analysis and synthesis of abstract visual stimuli and nonverbal reasoning. A significantly weaker specific skill involves the interplay of visual memory and discrimination, attentiveness to visual tasks, processing speed, visual-motor organization, and cognitive adaptability. Moreover, her significant weakness involves her auditory short-term memory. The latter specific skills score at a Borderline level.

[REDACTED] struggles with anxiety and depression, and has a fear of academic failure. She has limited insight into her difficulties, feels helpless, and likely has limited problem-solving abilities. She does feel her family is supportive of her. As compared to her peers, [REDACTED] rates herself as not having any noteworthy difficulties in a number of areas including sensation seeking, atypicality, locus of control, attention problems,

hyperactivity, relations with parents, self-reliance, test anxiety, anger control, and mania. However, [REDACTED] rates herself within the At-Risk range in attitude to school, social stress, anxiety, depression, sense of inadequacy, somatization, self-esteem, and ego strength. Furthermore, [REDACTED] rates herself in the Clinically Significant range in attitude to teachers, interpersonal relations.

As compared to her peers, [REDACTED] is rated by her parent as having typical adolescent behaviors in a number of areas, including: hyperactivity, aggression, conduct problems, somatization, atypicality, attention problems, and social skills, activities of daily living, anger control, bullying, emotional self-control, and executive functioning. However, [REDACTED]'s parent rates her within the At-Risk range in anxiety, adaptability, leadership, functional communication, social development, and negative emotionality. Furthermore, [REDACTED]'s parent rates her in the Clinically Significant range in depression, withdrawal, and resiliency.

SOCIAL HISTORY SUMMARY: Betina Goldberg-Rappoport, LCSW,MSW (1/18/17)

[REDACTED] a 10th grader, is the youngest and only daughter of four born to an intact family. [REDACTED] senses that she began feeling loneliness in 6th grade and by September of 10th grade was depressed, anxious and suicidal. Her parents put her into a therapeutic program immediately and this appeared to help [REDACTED] a great deal. She was in a full time day program at Immediate Care Children's Psychiatric Center until right before winter break. She had no intervention for a few weeks during the holiday and family visits and she decompensated some. Currently she is on home-bound instruction after returning to school proved too stressful and has tutors coming to the home along with afterschool programs twice a week at ICCPC.

ELIGIBILITY: 4/6/17 **CLASSIFICATION:** ED

For preschool students, review the preschool day to determine what accommodations and modifications may be required to allow the child to participate in the general education classroom and activities [N.J.A.C. 6A:14-3.7(c)11].

N/A

Include other educational needs that result from the student's disability [N.J.A.C. 6A:14-3.7(a)3ii].

Due to [REDACTED]'s disability and difficulties this school year, she has taken a reduced course load during her sophomore year.

[REDACTED] will still need to complete Driver's Theory and an alternative assignment for 10th grade Physical Education prior to graduation.

In addition, consider each special factor identified in N.J.A.C. 6A: 14-3.7(c). (The Need for consultation; Behavioral needs; Language needs; Communication needs; Auditory needs; Need for assistive technology devices and services; and visual needs.). If in considering the special factors, the IEP team determines that the student needs a particular device or service (including an intervention, accommodation or other program modification) to receive a free, appropriate public education, the IEP must include a statement to that effect in the appropriate section. If a factor is not applicable, note as such.

In developing this program, consideration has been given to the need for consultation, language, communication, auditory, assistive technology devices/services, and visual needs. They are not applicable at this time.

Name: [REDACTED]

Birth Date: [REDACTED]

Statement of Transition Planning

Beginning with the IEP in place for the school year when the student will turn age 14, or younger, if appropriate, develop the long-range educational plan for the student's future. Review annually.

Statement of the student's strengths, interests and preferences

[REDACTED] is an intelligent, articulate young lady. She is interested in attending college after high school.

Appropriate Measurable Postsecondary Goals

Post-Secondary Education:

Including, but not limited to, college, vocational training and continuing and adult education.

[REDACTED] is interested in attending college after High School.

Employment/Career:

Undecided

Community Participation:

Including, but not limited to, recreation and leisure activities, and participation in community organizations.

na

Independent Living:

Anticipated

Courses of Study:

Considering the student's interests, preferences, and desired post secondary goals, list the specific courses of study for the period of time covered by this IEP. Include both general education and special education courses. When appropriate, identify the courses of study projected for future years.

Grade 9 Completed Courses of Study (List Course Names):

English 1 (AV)
US History 1 (AV)
French 1 (AV)
Algebra 1 (AV)
Biology (AV)
Band (AC)
Phys Ed 9
Health 9

Grade 10 Current Courses of Study (List Course Names):

[REDACTED] is currently working on the following courses with home instructors:

English 2 (AV)
Chemistry (AV)
US History 2 (AV)
Geometry (AV)
French 2 (AV)

At this time, it is being proposed that [REDACTED] begin to gradually transition to a less restrictive placement within the Mendham Behavioral Support Program for a half day, afternoons only. [REDACTED] will continue to work towards completion of the courses she is currently working on, however, attempts will be made to conduct the tutoring sessions within the school environment. Also, it is being recommended that [REDACTED] should transition to taking English with her peers in a small class setting within the behavioral support program. French and Chemistry will continue to be delivered through home instruction.

Grade 11 Completed Courses of Study (List Course Names):

English 3 (AV) (BSP)
World History (AV) (BSP)
French 3 (AV)
Algebra 2 (AV)
Environmental Science (AC) (BSP)
Phys Ed 11
Health 11
Band (AC)
Out of Class Support (BSP)

Alternates:

Culinary Arts (AC)

World Cuisine (AC)

* [REDACTED] still needs to complete, Driver's Theory, Physical Education 10, 5 Credits of Career Education and 2.5 Credits of Economic Literacy prior to graduation.

Grade _____ Courses of Study (List Course Names):

Related Strategies and/or Activities:

In addition to the courses listed above, list related strategies and/or activities that are consistent with the student's strengths, interests, and preferences, and are intended to assist the student in developing or attaining postsecondary goals related to training, education, employment and, if appropriate, independent living.

Name: [REDACTED]

Birth Date: [REDACTED]

Statement of Consultation

☒ Information/advice is needed from the Division of Vocational Rehabilitation Services or other agency or agencies. List the name of any agency from which consultation is needed:

It is anticipated that [REDACTED] may benefit from DVRS upon her graduation from High School. This service will be considered closer to that time.

Name of the school staff person(s) who will be the liaison to post-secondary resources:

Kendra Dickerson

Statement of Needed Interagency Linkages and School District Responsibilities

As appropriate to the anticipated needs of the student, list all agencies to which the student will be referred by the school district liaison to postsecondary resources in the spaces below. List the responsibility of the school district and/or student/parent(s) with respect to contacting each agency listed and providing needed information or documentation to each such agency.

Agency:

DVRS

School district responsibilities:

Provide information for post-secondary planning.

Student/parent responsibilities:

If appropriate, register with DVR.

Name: [REDACTED]

Birth Date: [REDACTED]

Statement of Transition Services Needed to Attain Measurable Postsecondary

Goals: Coordinated Activities/Strategies

Beginning with the IEP in place for the school year when the student will turn age 16 or younger, if appropriate, complete the following multi-year plan for promoting movement from school to the student's desired post-school goals. The student's needs, strengths, interests and preferences in each area (instruction, community experiences, etc.) must be considered, and responsibilities should be shared among participants (student, parent, school staff, outside agencies, employers, etc.).

Activities/Strategies Related to Measurable Post-Secondary Goals	Expected Date of Implementation	Person or Agency Arranging and/or Providing Services
Instruction--Post-Secondary Education/Training		
[REDACTED] will continue to take courses at a college prep level in order to work towards completion of her graduation requirements and to develop college readiness. Many of these courses can be delivered within the Behavioral Support Program at Mendham High School in order to provide [REDACTED] with a smaller classroom environment and more individualized instruction.	04/24/2017	Student Parent/Guardian CST Guidance
Related Services		
School Based Counseling, 1x per week for 30 minutes. Additional school counseling may be provided at [REDACTED]'s request.	04/24/2017	Student CST
Community Experiences		
[REDACTED] is encouraged to participate in social and recreational events both at school and within her local community. She may wish to begin to visit college campuses and meet with student support services in preparation for after she has graduated from high school.	04/24/2017	Parent/Guardian Student WMRHSD
Adult Living Objectives		
Is anticipated that [REDACTED] will take the course Driver's Theory during her junior year in order to work towards obtaining her driver's license.	04/24/2017	Student Guidance
Employment		
Service was considered, but is not needed		
Daily Living Skills		
Service was considered, but is not needed		
Functional Vocational Evaluation		
Service was considered, but is not needed		

Name: [REDACTED]

Birth Date: [REDACTED]

Transfer of Rights at Age of Majority

OPTION I:

At least three years before the student reaches age 18, a statement that the student and the parent(s) have been informed of the rights that will transfer to the student on reaching the age of majority, unless the parents obtain guardianship [N.J.A.C. 6A:14-3.7(e)14]. The district may use the following description to document that the student and parents have been informed of the rights that will transfer. The IEP team *may* include this statement at age 14 when transition planning begins.

On 01/03/2019, [REDACTED] will turn age 18 and become an adult student. The following rights will transfer to Jenna:

- The school district must receive written permission from [REDACTED] before it conducts any assessments as part of an evaluation or reevaluation and before implementing an IEP for the first time.
- The school must send a written notice to [REDACTED] whenever it wishes to change or refuses to change the evaluation, eligibility, individualized education program (IEP), placement, or the provision of a free, appropriate public education (FAPE).
- You, the parent(s), may not have access to [REDACTED]'s educational records without her consent, unless she continues to be financially dependent on you.
- The district will continue to provide you, the parent(s), with notice of meetings and of any proposed changes to your adult child's program.
- Any time [REDACTED] disagrees with her special education program, she is the only one who can request mediation or a due process hearing to resolve any disputes arising in those areas.

If [REDACTED] wishes, she may write a letter to the school giving you, the parents, the right to continue to act on her behalf in these matters.

OPTION II:

At least three years before the student reaches age 18, a statement that the student and the parent(s) have been informed of the rights that will transfer to the student on reaching the age of majority unless the parent(s) obtain guardianship [N.J.A.C. 6A:14-3.7(e)14]. The district may inform the student and the parent(s) by letter of the rights that will transfer. If a letter is used, complete the following:

- ☒ [REDACTED] was informed in writing on 04/06/2017 of the rights that will transfer to her at age eighteen.
- ☒ [REDACTED] was informed in writing on 04/06/2017 of the rights that will transfer at age eighteen.

Name: [REDACTED]

Birth Date: [REDACTED]

Behavioral Interventions

N.J.A.C. 6A:14-3.7(c)4 requires consideration of behavioral needs. If behavior impedes the student's learning or the learning of others, the IEP team must consider, when appropriate, strategies, including positive behavioral interventions and supports to address that behavior. When needed, a behavior intervention plan must be included in the IEP. The following are suggested topics:

Target behavior:

School Attendance

Documentation of prior interventions and student response:

A 504 Plan had been previously developed in order to provide [REDACTED] with accommodations. Despite this intervention, [REDACTED] continued to have difficulties attending school.

Description of the positive supports/interventions, including the conditions under which the supports/interventions will be implemented:

It is being recommended that [REDACTED] have classes within the Behavioral Support Program. A reward system is built into this program in which students can earn field trips for consistent attendance and completion of academic work.

Procedures for data collection to evaluate the effectiveness of the interventions:

Teacher and case manager will collect all data.

Conditions under which the supports/interventions are changed:

These supports will be reviewed and adjusted with the CST team once [REDACTED] is demonstrating more consistent school attendance.

Conditions under which the supports/interventions will be terminated:

The interventions may be terminated if mutually agreed upon by the student, parents, teacher and case manager.

Parental involvement:

Parent/Teacher/Student Meeting as needed.

CST Meetings

Name: [REDACTED]

Birth Date: [REDACTED]

Goals and Objectives

ACADEMIC AND/OR FUNCTIONAL AREA:
ANNUAL MEASURABLE ACADEMIC AND/OR FUNCTIONAL GOAL:
BENCHMARKS OR SHORT TERM OBJECTIVES:
CRITERIA
**EVALUATION
PROCEDURES**
Objective:
ACADEMIC AND/OR FUNCTIONAL AREA:

Social / Emotional

STANDARD:

Standard 9.2 (Consumer, Family and Life Skills) All students will demonstrate critical life skills in order to be functional members of society.

ANNUAL MEASURABLE ACADEMIC AND/OR FUNCTIONAL GOAL:

[REDACTED] will increase her ability to manage anxiety pertaining to school related functioning.

BENCHMARKS OR SHORT TERM OBJECTIVES:
CRITERIA
**EVALUATION
PROCEDURES**
Objective:

[REDACTED] will be able to identify and articulate 2-3 triggers of anxiety.

2-3 triggers of anxiety will be identified 80% of time when feeling anxious.

Clinical record from counseling sessions

Objective:

[REDACTED] will learn to use an anxiety scale to gauge and measure the strength of her emotional reactions to triggers.

Anxiety scale will be used 100% of time when feeling anxious.

Clinical record from counseling sessions

Objective:

[REDACTED] will identify up to 3 strategies (ie. Mindful Tool) that can be used to reduce anxiety.

Strategies will be identified and used 100% of instances when feeling anxious.

Clinical record from counseling sessions

Objective:

[REDACTED] will increase attend at school in accordance with her schedule.

Attend school with 80% frequency

Attendance record

Objective:

[REDACTED] will seek support when feeling anxious.

Support will be sought 100% of time when feeling overwhelmed by anxiety.

Student Interview

Name: [REDACTED]

Birth Date: [REDACTED]

Modifications/Supports/Progress Reports

MODIFICATIONS AND SUPPLEMENTARY AIDS AND SERVICES IN THE GENERAL EDUCATION CLASSROOM

State the modifications for the student to be involved and progress in the general education curriculum and be educated with nondisabled students. State the supplementary aids and services that will be provided to the student or on behalf of the student [N.J.A.C. 6A:14-3.7(e)4]. Identify any assistive technology devices and services to be provided. Attach additional pages as necessary.

State the modifications to enable the student to participate in the general education curriculum.

State the supplementary aids and services.

Extended time on tests and quizzes.

Permit [REDACTED] to meet with the school counselor upon her request.

Allow frequent breaks

Provide structure and interim due dates for long term assignments.

Provide frequent feedback regarding [REDACTED]'s academic work.

MODIFICATIONS AND SUPPLEMENTARY AIDS AND SERVICES IN THE SPECIAL EDUCATION CLASSROOM

If the student will not be participating in the general education classroom, state the modifications and supplementary aids and services to enable the student to be involved and progress in the general education curriculum in the special education classroom. Identify any assistive technology devices and services to be provided. Attach additional pages as necessary.

State the modifications to enable the student to participate in the general education curriculum.

State the supplementary aids and services.

Extended time on tests and quizzes.

Permit [REDACTED] to meet with the school counselor upon her request.

Allow frequent breaks

Provide structure and interim due dates for long term assignments.

Provide frequent feedback regarding [REDACTED]'s academic work.

Supports for School Personnel

State the supports for the school personnel that will be provided for the student [N.J.A.C. 6A:14-3.7(e)4].

Case Manager will monitor progress and communicate with parents as needed.

Parent/Teacher conferences as needed.

Staff receives in service training.

Staff receives ongoing opportunities for professional development.

Progress Reporting

State how the parents will be regularly informed of their student's progress toward the annual goals [N.J.A.C. 6A:14-3.7(e)16].

Method:

Schedule:

Annual Review

Individual student progress as reported by teacher, IEP meetings, tests and exams and informal conferences.

Annually

Parents will have access to [REDACTED]'s grades on an ongoing basis via PowerSchool.

Name: [REDACTED]

Birth Date: [REDACTED]

Special Education Determinations

<p>Document length of school day, if different from length of regular school day [N.J.A.C. 6A:14-4.1(c)].</p> <p>At this time, [REDACTED] is receiving home instruction. It is recommended that [REDACTED] continue with home instruction in the morning and begin attending West Morris Mendham High School Behavioral Support Program in the afternoon. [REDACTED] will have a shortened school day from 11:30am-2:35pm.</p>	<p>Statement of student's transition from elementary to secondary program [N.J.A.C. 6A:14-3.7(e)10].</p> <p>Transfer to high school program with same age peers.</p>
<p>Determine whether the student needs an extended school year (ESY) program. An extended school year program is provided in accordance with the student's IEP when an interruption in educational programming causes the student's performance to revert to a lower level of functioning and recoupment cannot be expected in a reasonable length of time. [N.J.A.C. 6A:14-4.3(c)]. List relevant factors considered in determining whether the student needs an ESY program.</p> <p>[REDACTED] is currently receiving home instruction and is scheduled to attend MHS from 11:30 to 2:35. It is recommended that [REDACTED] participate in the ESY program at MHS on Tuesdays and Thursdays from 11:30-2:30 p.m. in order to receive instruction in core mathematics and English skills. This will allow [REDACTED] to continue to receive academic instruction and counseling during the summer months.</p> <p>If required, describe the ESY program:</p> <p>[REDACTED] requires an extended school year program.</p> <p>The ESY will consist of instruction in core language arts and math skills two days per week for a total of 3 hours per day. Counseling will be provided weekly during the duration of the 5 week program.</p>	

District and State Assessment

Participation in District and State Assessment Program

Assessment	Modifications / Accommodations [N.J.A.C. 6A:14-3.7(e)7]	If the student will not be participating in a subject area or areas of a districtwide or Statewide assessment, explain why that assessment is not appropriate [N.J.A.C. 6A:14-3.7(e)7].	State how the student will be assessed if the student will not participate in Statewide or districtwide assessment.
<p>District Assessment:</p>			

District Assessments

Small group
Preferential Seating
Extended time
Frequent Breaks
Directions Clarified and Repeated

State Assessments:

HSPARCC

- ☒ Language Arts
☐ Mathematics

Accessibility Features

- Frequent Breaks
- Small Testing Group
- General Administration Directions Clarified
- General Administration Directions Read Aloud and Repeated as Needed

Timing and Scheduling

- Extended Time (UAF- universal accessibility feature)

DLM

- ☐ Language Arts
☒ Mathematics

HSPARCC

- ☐ Language Arts
☒ Mathematics

Accessibility Features

- Frequent Breaks
- Small Testing Group
- General Administration Directions Clarified
- General Administration Directions Read Aloud and Repeated as

DLM

- ☐ Language Arts
☐ Mathematics

Needed

Timing and Scheduling

- Extended Time (UAF- universal accessibility feature)

Name: [REDACTED]

Birth Date: [REDACTED]

Graduation Requirements

Beginning at age 14, identify the State and local graduation requirements that the student will be expected to meet. The statement must be reviewed annually. If the student is exempted from meeting any of the graduation requirements that all students are expected to meet or if any of the requirements are modified, provide a rationale below and list any alternate proficiencies the student is expected to achieve.

State the Graduation Requirement:

If the student is NOT exempt from the requirement, place a check in the box.

If the student is exempt from meeting the graduation requirement, provide a rationale for the exemption [N.J.A.C. 6A:14-3.7(e)9)].

Attendance:

Due to her disability [REDACTED] may exceed the number of absences specified and will require an extension of the attendance policy. Medical documentation to be reviewed by the attendance committee.



Due to chronic anxiety, depression and panic attacks, there have been times throughout the year in which [REDACTED] has had difficulties attending school and/or has needed to miss school due to treatment. These absences, will be considered by the attendance committee and excused with proper medical documentation. Continued supplemental home instruction may be warranted in order to account for missed academic material.

Credit Hours:

120



PARCC or Other NJDOE Approved Alternate Assessment:

Student will be held to sit for the PARCC assessments in Language Arts and Math.



Other (Local Graduation Requirements):



Alternate Requirements(s):

Provide a description of any alternate proficiencies to be achieved by the student to qualify for a State endorsed diploma [N.J.A.C. 6A:14-3.7(e)9)].

Name: [REDACTED]

Birth Date: [REDACTED]

Program Description

Name:	[REDACTED]	Grade:	Eleventh grade
Primary Location:	West Morris Mendham High School	Primary Placement Time:	Full time students
Secondary Location:		Secondary Placement Time:	
IEP Start Date:	04/06/2017	Program Type	Grade 10
Next Year's Secondary Location:	West Morris Mendham High School	Next Year's Grade:	Eleventh grade

Statement of Special Education and Related Services

State the special education services by instructional area. For in-class programs also state the amount of time the resource or supplementary instruction teacher is present in the general education class [N.J.A.C. 6A:14-3.7(e)4 and N.J.A.C. 6A:14-3.7(3)8]. For pull-out replacement resource and special class programs, state the amount of instruction in each subject area, which must be equal to the amount of instructional time in general education for each subject area [N.J.A.C. 6A:14-4.1(l)]. All times are approximate within the context of the daily school schedule and will be consistent with the school year calendar unless otherwise noted.

Subject	Service Start Date	Service End Date	Frequency	Duration (minutes/session)	Type of Service
English 2 (AV) BSP	04/06/2017	06/21/2017	3 times per cycle	58	Pull/out, Replacement
In/Out (BSP) CIs.Supp	04/06/2017	06/21/2017	3 times per cycle	58	Pull/out, Support
Home Instruction (Geometry, AV) delivered at home or at MHS, BSP Classroom	04/06/2017	06/21/2017	2 times per week	60	Pull/out, Replacement
Home Instruction (US History 2, AV) delivered at home or MHS, BSP Classroom	04/06/2017	06/21/2017	2 times per week	60	Pull/out, Replacement
Home Instruction (French 2, AV)	04/06/2017	06/21/2017	2 times per week	60	Home Instruction
Home Instruction (Chemistry, AV)	04/06/2017	06/21/2017	2 times per week	60	Home Instruction
English 3 (AV) (BSP)	08/28/2017	04/05/2018	3 times per cycle	58	Pull/out, Replacement
World History (AV) (BSP)	08/28/2017	04/05/2018	3 times per cycle	58	Pull/out, Replacement
Environmental Science (AC) (BSP)	08/28/2017	04/05/2018	3 times per cycle	58	Pull/out, Replacement
In/Out (BSP) CIs.Supp	08/28/2017	04/05/2018	3 times per cycle	58	Pull/out, Support

Additional Special Education Program Information:

It is proposed that [REDACTED] will continue to receive home instruction, with a gradual return to a less restrictive setting at Mendham High School, within the Behavioral Support Program. [REDACTED] will be expected to attend afternoons only for the remainder of the 2016-2017 school year. Transportation will be provided to bring [REDACTED] to Mendham High School. It is anticipated that [REDACTED] will attend a full day program for the 2017-2018 school year.

Related Services

State the related services [N.J.A.C. 6A:14-3.7(e)4]. Include, as appropriate, a statement of integrated therapy services to be provided. Specify the amount of time the therapist will be in the classroom. If speech-language services are included, specify whether the services will be provided individually or in a group. Specify the group size. [N.J.A.C. 6A:14-3.7(e)5, N.J.A.C. 6A:14-3.7(e)8 and 6A:14-4.4(a)1].

Service	Start Date	End Date	Frequency	Duration (minutes/session)	Provider	Location
Individual Counseling services	04/06/2017	08/03/2017	1 time per week	30	CST	Counseling Room
Transportation service	04/06/2017	06/21/2017				PM only, to Mendham High School
Individual Counseling services	08/28/2017	04/05/2018	1 time per	30	CST	Counseling Room

week

Additional Related/Intensive Service Information:

Name: [REDACTED]

Birth Date: [REDACTED]

Notice Requirements for the IEP and Placement

This form describes the information required in each of the components of written notice for an IEP meeting. The written notice includes the IEP as a description of the proposed action and a description of the procedures and factors used in determining the proposed action.

Describe the proposed action [N.J.A.C. 6A:14-2.3(g)1] and explain why the district has taken such action [N.J.A.C. 6A:14-2.3(g)2].

The development of a new IEP is being proposed as mandated by state code.

The attached IEP describes the proposed program and placement and was developed:

☒ as a result of an initial evaluation and determination of eligibility.

☐ as a result of an annual review.

☐ as a result of an amendment.

☐ as a result of a reevaluation.

☐ In response to a parental request.

☐ to propose a change in placement.

☐ to review the behavioral intervention plan.

☐ Other:

Describe any options considered and the reasons those options were rejected [N.J.A.C. 6A:14-2.3(g)3].

Mr. and Mrs. [REDACTED] have requested that [REDACTED] be allowed to attend Fusion Academy, a private alternative high school for students that is not a New Jersey approved special education program. This option was rejected by the district as it offers students a 1:1 learning experience, which is highly restrictive. Additionally, this program does not offer therapeutic support on campus.

Describe the procedures, tests, records or reports and factors used in determining the proposed action [N.J.A.C. 6A:14-2.3(g)4].

The sources of information used to develop the proposed IEP are listed in the present levels of performance.

If applicable, describe any other factors that are relevant to the proposed action [N.J.A.C. 6A:14-2.3(g)5].

Name: [REDACTED]

Birth Date: [REDACTED]

Rationale for Removal from General Education

Decisions regarding placement are based on the individual needs of students and must begin with consideration of the general education setting. The purpose of this page is to document the discussions that have occurred with respect to accommodations, modifications, and supplementary aids and services in each academic or functional area that are necessary to educate the student in the general education setting.

If the student will be included in the general education setting for more than 80% of the time, no rationale is required. Items 1 through 3 of this section of the IEP need not be completed or included in the student's IEP.

If a student will not be included in the general education setting for more than 80% of the time, items 1 through 3 below **MUST** be completed for each CONTENT/SUBJECT AREA.

1. Identify the supplementary aids and services that were considered to implement the student's annual goals. [N.J.A.C. 6A:14-4.2(a)8i]. Explain why they are not appropriate to meet the student's needs in the general education class:

In order to determine an appropriate academic program for [REDACTED], it is important to take into account her academic strengths, emotional difficulties and future goals. Given these factors, a continuum of services and supports have been considered in order to address her educational needs within the least restrictive environment. [REDACTED] has tried returning to general education classes with supports such as extended time, frequent breaks, and opportunities to meet with her guidance counselor and/or the CST team. Despite these supports, consistent school attendance still proved difficult for [REDACTED]. The class size and school environment at West Morris Central High School has been challenging for her. Having a fresh start at Mendham High school with different peers is suggested at this time.

2. Document the comparison of the benefits provided in the regular class and the benefits provided in the special education class [N.J.A.C. 6A:14-4.2(a)8ii].

Regular education classes would provide [REDACTED] with maximum exposure to the general education curriculum and materials. This setting also allows for learning from peer models and increased opportunities for social interaction.

The benefit from working in the behavioral support program classes is that this setting provides a calmer environment, where student anxiety can be more quickly identified and addressed. In this setting, there is a low student to teacher ratio and the instruction and academic pace can be modified to meet [REDACTED]'s needs. A reward system, focusing on positive behavioral support is also used to help foster social connections and encourage academic motivation.

3. Document the potentially beneficial or harmful effects which a placement (in the general education class) may have on the student with disabilities or the other students in the class [N.J.A.C. 6A:14-4.2(a)8iii].

If placed in a less restrictive, general education setting, [REDACTED] may continue to experience a high level of anxiety leading to continued school absences. Without individualized strategies to provide her with academic and emotional support, [REDACTED] may fall behind academically and may have difficulties maintaining social connections. These harmful effects outweigh the potential gains from being strictly within the general education environment. The potential benefits of the Behavioral Support Program and continued home instruction are described above.

Modifications in Extracurricular and Nonacademic Activities

State the modifications that will be provided to enable the student to participate in extracurricular and nonacademic activities [N.J.A.C. 6A:14-3.7(e)4ii]. Explain the extent, if any, to which the student will not participate with nondisabled peers in extracurricular activities and nonacademic activities [N.J.A.C. 6A:14-3.7(e)6]. In addition, for students in an out-of-district placement, delineate how the student will participate with nondisabled peers in extracurricular and nonacademic activities including, if necessary, returning the student to the district in order to facilitate such participation [N.J.A.C. 6A:14-3.7(e)17].

All extracurricular activities are available to [REDACTED].

Name: [REDACTED]

Birth Date: [REDACTED]

Document the Placement Decision According to the Following Categories (Check ONLY ONE box):

*** NOTE:** In accordance with federal data collection requirements, a student in an out-of-district segregated placement for 50% or more of the school day must be reported as being in that setting for the entire day, regardless of whether the student is in a general education setting for the remainder of the school day.

Students with Disabilities Ages 6-21:

- ☐ In the presence of General Education Students for 80% or more of the entire school day
- ☐ In the presence of General Education Students between 40% and 80% of the entire school day
- ☒ In the presence of General Education Students for less than 40% of the entire school day
- ☐ Public Separate School (In buildings with NO General Education Students)*
- ☐ Private School for the Disabled (Only day educational costs paid by the district)*
- ☐ Private Residential School for the Disabled (BOTH day and residential costs paid by the district)
- ☐ Home Instruction
- ☐ Public Residential Facility (For reporting by State Agencies ONLY – Department of Human Services, Department of Children and Families; Department of Corrections; Juvenile Justice Commission)

Transition Planning for Students in Separate Settings

For students in a separate setting (for all or part of a school day), set forth activities necessary to move the student to a less restrictive placement. A separate setting is defined as a building without general education students.

[REDACTED] is currently receiving home instruction for all of her academic classes. In this restrictive environment, [REDACTED] has limited exposure to same-age peers. At this time, it is being proposed that [REDACTED] meet with some of her tutors within the school environment of the behavioral support program at Mendham High School. In order to do so, school based counseling is being recommended. [REDACTED] will have the continuity of having the same tutors that she had been previously working with in order to minimize anxiety. In addition, it is being recommended that [REDACTED] take English and Out of Class Support within the BSP program. By having the tutoring take place within the school environment and English and Out of Class Support, [REDACTED] will have greater opportunities to meet with same age peers.

Procedural Safeguards Statement

As the parent of a student who is, or may be determined, eligible for special education services or as an adult student who is, or may be determined, eligible for special education, you have rights regarding identification, evaluation, classification, development of an IEP, placement and the provision of a free, appropriate public education under the New Jersey Administrative Code for Special Education, N.J.A.C. 6A:14. A description of these rights, which are called procedural safeguards, is contained in the document, *Parental Rights in Special Education (PRISE)*. This document is published by the New Jersey Department of Education.

A copy of PRISE is provided to you upon referral for an initial evaluation, when a disciplinary action that constitutes a change in placement is imposed by your school district, and the first time a due process hearing or complaint investigation is requested. In addition, a copy will be provided to you at your request.

To obtain a copy of PRISE, please contact:

Phone

School District Office or Personnel:

Michael Reinknecht, Director Special Services

908-879-6404

For help in understanding your rights, you may contact any of the following:

School District Representative:

Michael Reinknecht

908-879-6404

Statewide Parent Advocacy Network (SPAN)

(800) 654-7726

NJ Protection and Advocacy, Inc.

(800) 922-7233

County Supervisor of Child Study:

Sandra Gogerty

973-285-8336

Name: [REDACTED]

Birth Date: [REDACTED]

Consent for Initial IEP Implementation:

Your signature is required to give consent before the proposed IEP services can start.

- ☐ I, We have received a copy of the proposed IEP and give consent for the IEP services to start.
- ☐ I, We have received a copy of the proposed IEP and do not give consent for IEP services to start.

Signature _____

04/06/2017

Date

EXHIBIT P



IN PSYCHIATRY, PSYCHOLOGY & COUNSELING, P.C.

ASSOCIATES:

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SERVICES PROVIDED

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LEARNING DISABILITIES EVALUATIONS
COGNITIVE BEHAVIORAL THERAPY
DIALECTIC BEHAVIORAL THERAPY
MEDICATION MANAGEMENT
PSYCHOLOGICAL TESTING
FORENSIC EVALUATIONS
SCHOOL EVALUATIONS
ADD/ADHD EVALUATIONS
PSYCHOGENOMIC TESTING

PSYCHOEDUCATIONAL TESTING REPORT**PATIENT NAME:****DATE OF BIRTH:****AGE:****REFERRED BY:****EXAMINER:**

School district and family attorney

Natalie Schubert, Psy.D., BCBA-D, Licensed Psychologist (#5563)

DATES OF EVALUATION: 7/31, 08/02, 08/03/17

REASON FOR REFERRAL: [REDACTED] is a 16-year-old female referred by her school district and her attorney (Ms. Julie Warshaw) for a private psychoeducational evaluation to guide school placement decisions and academic recommendations. [REDACTED] is diagnosed with depression and anxiety, which have made it difficult for her to attend her high school and resulted in being homeschooled for much of the year, despite [REDACTED]'s work and desire to attend school. Background information was provided by [REDACTED], her mother (Mrs. [REDACTED]), and a review of records.

DEVELOPMENTAL AND MEDICAL HISTORY: Mrs. [REDACTED] and Mr. [REDACTED] were 40-years-old when [REDACTED] was born. [REDACTED] is the result of a healthy pregnancy and delivery born on time weighing 8 pounds. She met her language and motor milestones early. She is right-hand dominant for writing. When she was 11-years-old, she broke her wrist during basketball. She denied frequent ear infections but did report strep throat multiple times, particularly in middle school. She is currently prescribed Wellbutrin (150mg) and Prozac (15mg) by Ms. Evelyn Kaminski (licensed psychiatric nurse practitioner) under the supervision of Dr. Srinivasan. She also takes Vitamin D (2000 IU) daily. [REDACTED] wears contact lenses. Sleep was reported within normal limits. Appetite can be affected by medications.

FAMILY HISTORY: [REDACTED] lives at home with her parents. She has three older brothers who she is close with ([REDACTED] years old). Mrs. [REDACTED] earned her Bachelor's degree and works as a teacher. Mr. [REDACTED] earned his Master's Degree and works as an engineer. Family history is significant for high-functioning Asperger's disorder and high blood pressure.

PATIENT NAME: [REDACTED]
 DATE OF BIRTH: [REDACTED]
 PSYCHOEDUCATIONAL EVALUATION

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ACADEMIC HISTORY: [REDACTED] recently completed tenth grade at West Morris Central High School in Chester, New Jersey. She has never been held back or repeated a grade. She earns mostly A's and B's. According to her ninth grade report card, she missed six or less days and earned A's in Biology, Band, and French and B's in History, Health, English, and Algebra. Her best subject is English and her most difficult subject is Chemistry.

Mrs. Humcke stated that [REDACTED] has difficulties with memory that impact her learning and testing. [REDACTED] explained that she is "just gonna do bad on" tests so she does not study because it "won't make a difference." She does not feel comfortable participating in class (anxiety). Mrs. [REDACTED] explained that [REDACTED] writes well but struggles with spelling.

[REDACTED] and her mother reported that [REDACTED] turned assignments in on time, does not lose things, and is good with organization, following instructions, and adapting to change. She can procrastinate with projects, explaining that she "works best under pressure." [REDACTED] stated that group projects have not been an issue for her.

[REDACTED] has been receiving home instruction since 10/24/16 and a 504 plan was implemented for her effective 12/7/16.

[REDACTED] stated that she wants to resume school. When asked what makes a good school for her, [REDACTED] stated that she would like a small school that does not have too many people and where the teachers care about her. [REDACTED] plans to go to college after high school; she does not know what she wants to specialize in yet.

SOCIAL, EMOTIONAL, BEHAVIORAL HISTORY: When asked about [REDACTED]'s strengths, Mrs. [REDACTED] replied, "[REDACTED] is sensitive, thoughtful and loving person. She is musically talented and very perceptive." [REDACTED] enjoys listening to music and playing music (guitar and piano). [REDACTED] is on course to complete her gold award. No behavioral problems have been reported at home or at school (other than anxiety preventing her from going/staying in school).

[REDACTED] explained that she did not have friends in school with the exception of elementary school. She did, however, have acquaintances in order to avoid being alone during times such as lunch. She had one close friend for one year but that ended. [REDACTED] would like to have more friends.

[REDACTED] experienced panic attacks in middle school when she felt teased by her Spanish teacher. [REDACTED] explained that she has always had some anxiety but it did not keep her from doing things until this past school year. She tended to feel sick in the morning before school. Mrs. [REDACTED] explained that [REDACTED] is very hard on herself and typically thinks that her efforts are "not good enough."

In the Fall of 2016, [REDACTED] experienced suicidal ideation (September through December 2016). In hindsight, Mrs. [REDACTED] explained that [REDACTED] was spending a lot of time in her room before October 2016 but she was unsure if this was typical teenage behavior or something more concerning at the time. She completed a day program at Immediate Care Children's Psychiatric Center (ICPC) where she learned coping skills and communication and also received tutoring. According to a January psychological evaluation, [REDACTED]'s diagnoses at discharge were Major Depressive Disorder, recurrent, severe, without

PATIENT NAME: [REDACTED]
 DATE OF BIRTH: [REDACTED]
 PSYCHOEDUCATIONAL EVALUATION

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psychotic features as well as Generalized Anxiety Disorder. She tried to return to school multiple times but it triggered her anxiety too intensely and she returned to home instruction.

[REDACTED] was evaluated by Ms. Sherry Wilk (Certified School Psychologist) in January 2017. The evaluation found her overall intelligence to be in the Average range (Full Scale IQ = 104, 61st percentile). Her Verbal Comprehension placed her in the High Average range (VCI = 116, 86th percentile), her Perceptual Reasoning and Processing Speed placed her in the Average range (PRI = 107, 68th percentile; PSI = 94, 34th percentile), and her Working Memory was measured in the Low Average range (WMI = 86, 18th percentile).

Due to increased anxiety and depression, she was readmitted to ICCPC partial hospital program in early 2017; March 2017 ICCPC records list her diagnoses as Major depression recurrent and Panic disorder and recommend an out of district school placement.

[REDACTED] continues group therapy on an outpatient basis for anxiety, depression, and social skills. [REDACTED]'s therapist explained that [REDACTED] has a fear of being judged by others and ruminates on this, which impacts her academic performance. The therapist reported that [REDACTED] has become more assertive and opinionated which has been great, but she still needs help wording her thoughts and feelings in an interpersonally effective way. She also explained that [REDACTED] "hates routine"; she becomes bored with routine which leads to anxiety. A combination of therapy and medication has improved her mood.

MENTAL STATUS EXAMINATION AND BEHAVIORAL OBSERVATIONS: [REDACTED] was evaluated over one intake session and two testing sessions. She did wear her contact lenses for testing. [REDACTED] presented as a 16-year-old female who appeared her stated age. She was alert and oriented in all spheres. Mood was euthymic and affect was congruent. Speech tone and volume were within normal limits. Eye contact was within normal limits. There is no evidence or report of substance abuse. She denied current self-injury and suicidal ideation/plan/intent. There is no evidence or report of abuse or neglect. No pain was reported.

[REDACTED] established rapport appropriately and answered the examiner's questions but was reserved and did not initiate or elaborate on conversation spontaneously. [REDACTED] requested that some items be repeated. She worked slowly and carefully, taking time to think before and while responding. During several subtests, [REDACTED] answered correctly just as time elapsed or after time elapsed (no credit in the latter scenario). Given the overall good effort and cooperation, the assessment is believed to be a valid estimate of [REDACTED]'s current functioning.

EVALUATION PROCEDURES

Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV)
 Wechsler Individual Achievement Test – Third Edition (WIAT-III)
 Nelson-Denny Reading Test, Form G
 Wechsler Intelligence Scale for Children – Fifth Edition (WISC-V), Symbol Translation
 Wide Range Assessment of Memory and Learning, Second Edition (WRAML2)
 Delis Kaplan Executive Function System (D-KEFS)
 Conners Continuous Performance Test 3rd Edition (CPT3)
 Conners Continuous Auditory Test of Attention (CATA)
 Behavior Rating Inventory of Executive Function, Second Edition (BRIEF2) – Self, Parent, Teacher

PATIENT NAME: [REDACTED]
 DATE OF BIRTH: [REDACTED]
 PSYCHOEDUCATIONAL EVALUATION

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Behavior Assessment System for Children, Third Edition (BASC-3) – Self, Parent, Teacher Forms
 Revised Children's Manifest Anxiety Scale, Second Edition (RCMAS-2)
 Clinical Interview

Review of Records (Report Card, Ninth Grade; Psychological Evaluation, 1/19/17; Social History;
 ICCPC Psychiatric Evaluation, 3/15/17)
 Behavioral observations

TEST RESULTS

Assessment of Intellectual Functioning

[REDACTED]'s intellectual ability was assessed using the Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV). This test yields a Full Scale IQ, which is an overall measure of cognitive functioning, as well as four index scores which tap more specific domains such as verbal ability, analytical reasoning, visual-spatial skills, and problem solving. [REDACTED] achieved a Full Scale IQ score of 99, placing her overall cognitive functioning in the Average range (47th percentile). However, for individuals with neuropsychological issues such as learning disorders, Attention-Deficit/Hyperactivity Disorder, and other similar issues, difficulties with working memory and processing speed may result in lower FSIQ scores (Wechsler, 2003). Therefore, the General Ability Index (GAI) was calculated. GAI is a summary score that is less sensitive to the influence of working memory and processing speed and may be a better representation of [REDACTED]'s intelligence than the FSIQ. [REDACTED] achieved a GAI score of 108, estimating her cognitive functioning to be in the Average range (70th percentile), consistent with her FSIQ.

[REDACTED] achieved a Verbal Comprehension Index score of 108, placing her ability in the Average range (70th percentile). Her ability to answer knowledge-based questions (Information) placed her in the Very High range. Her ability to identify commonalities between objects and concepts (Similarities) placed her in the High Average range. Her ability to articulate word definitions (Vocabulary) placed her in the Average range of functioning.

[REDACTED] achieved a Perceptual Reasoning Index score of 107, placing her within the Average range of functioning (68th percentile). This index assesses nonverbal and visual-spatial reasoning ability. Her ability to recognize and complete visual patterns (Matrix Reasoning) and her ability to mentally manipulate shapes to match a model (Visual Puzzles) were evenly developed and placed her in the High Average range of functioning. Her ability to replicate geometric designs using blocks (Block Design) placed her in the Average range of functioning; she completed some of the items correctly just as time was running out.

The Working Memory Index assesses the ability to hold information in mind and perform some kind of operation or manipulation with it. [REDACTED] achieved a score of 80 on this index, placing her within the Low Average range (9th percentile), representing an area of relative weakness. [REDACTED]'s ability to repeat increasingly long series of digits in both forward and reverse order (Digit Span) and her ability to solve math word problems in her head within a time limit (Arithmetic) were evenly developed and placed her in the Low Average range of functioning.

Finally, [REDACTED] achieved a score of 92 on the Processing Speed Index, placing her in the Average range of ability (30th percentile), representing an area of relative weakness. This index assesses the ability to quickly and efficiently process visual information while under pressure to maintain focused attention. Her ability to quickly copy symbols matched with shapes according to a key (Coding) was better developed

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than her ability to identify the presence or absence of a target symbol in an array (Symbol Search), placing her in the Average and Low Average ranges, respectively. She worked accurately (she did not make any errors on these two tasks).

Assessment of Academic Functioning

To assess [REDACTED]'s academic skills, she was administered the Wechsler Individual Achievement Test – Third Edition (WIAT-III) and the Nelson-Denny Reading Test. All WIAT-III scores are derived by comparing [REDACTED] to same-aged peers; Nelson-Denny Reading Test scores are derived by comparing [REDACTED] against other second semester sophomores.

[REDACTED]'s oral language skills were evaluated using the Oral Language Composites of the WIAT-III. She earned a composite score of 104, which fell in the Average range of functioning and placed her in the 61st percentile. Her listening comprehension placed her in the High Average range of functioning and above a twelfth grade level. Within Listening Comprehension, she performed in the High Average range on a test of receptive vocabulary and in the Average range on a test of oral discourse comprehension. [REDACTED] performed in the Average range and a seventh grade level on a subtest that measured her speaking vocabulary, word retrieval, flexibility of thought processes, oral syntactic knowledge and short-term memory (Oral Expression). Within this subtest, her expressive vocabulary and sentence repetition were measured in the Average range, while her oral word fluency placed her in the Low Average range.

[REDACTED] achieved a Reading Composite of 103 on the WIAT-III, placing her in the 58th percentile and in the Average range of functioning. Her phonological awareness (or knowledge of letter sounds) placed her in the Average range of functioning and above high school level. Her single word reading abilities placed her in the High Average range of functioning and above high school level. Her oral reading fluency placed her in the Average range of functioning and at a twelfth grade level; specifically, both her oral reading accuracy and her oral reading rate were measured in the Average range (she answered 1 of 2 comprehension questions correctly). Her reading comprehension placed her in the Average range of functioning and at a fifth grade level. This untimed reading task was comprised of open-ended questions (as opposed to multiple choice) with access to the passage when answering questions.

The Nelson-Denny Reading Test was administered to further evaluate her reading speed and comprehension. The Nelson-Denny includes two multiple-choice subtests, Vocabulary and Comprehension. Standard scores were calculated based on [REDACTED]'s performance within the standard-time and extended-time limit conditions. Within the 15-minute standard time limit on the Vocabulary subtest, [REDACTED] performed in the High Average range of functioning and at a college sophomore level (86th percentile); similarly, in the extended-time condition ([REDACTED] used 18 of 24 minutes allotted), [REDACTED]'s performance placed her in the High Average range of functioning and at a college sophomore level (85th percentile). Within the 20-minute standard time limit on the Comprehension subtest, [REDACTED] performed in the High Average range of functioning at a college sophomore level (78th percentile); on the extended time condition of the Comprehension subtest (Jenna used 23 of 32 minutes allotted), [REDACTED]'s performance placed her in the Average range of functioning and twelfth grade level. A total reading score is derived by summing the Vocabulary score with the Comprehension score. Her total reading score placed her in the High Average range for both the standard and extended time conditions (83rd and 77th percentiles, respectively). Part way through the first passage in the Comprehension subtest, reading rate is also assessed; [REDACTED]'s reading rate (reading silently to herself) placed her in the High Average range of functioning (84th percentile).

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[REDACTED]'s written language abilities were assessed by the Written Language Composite of the WIAT-III, which measures her spelling and her ability to write complex sentences and an organized essay. [REDACTED] obtained a composite score of 108, which fell in the Average range and placed her in the 70th percentile. Her spelling ability placed her in the Average range of functioning and at a twelfth grade level (errors included "achievement," "absurd," "flurtacious"). Her ability to write grammatically correct, meaningful sentences placed her within the High Average range of functioning and above high school level. Anecdotally, [REDACTED] took time to think before and while writing and the task was not completed quickly; she also made some spelling errors, including of a target word which was written in the prompt (e.g., "prefor" for "prefer"; "vegatables"; "could'nt"; "untill"). Her ability to write a well-organized and persuasive essay within a time restriction placed her in the Average range of functioning and at a ninth grade level. Her essay length and her theme development and text organization fell in the Average range. She used all of the time allotted; she did not use the blank space provided to plan what she would write. The essay task is scored based on content and organization and not on semantics, grammar, or mechanics, but she did make multiple spelling errors (e.g., "amoung"; "injoys").

[REDACTED]'s mathematic skills were evaluated using the Mathematics Composite of the WIAT-III, which consists of two untimed tasks that assess mathematical abilities. She earned a composite score of 113, which fell in the High Average range of functioning and placed her in the 81st percentile. [REDACTED]'s math reasoning (Math Problem Solving) placed her in the High Average range of functioning and above high school level; anecdotally, individual items and the entire section took [REDACTED] a long time to complete but she persisted and performed well. Her computational skills (Numerical Operations) placed her in the Average range of functioning and above high school level. [REDACTED] earned a math fluency composite, which consists of three timed math tasks that assess math fluency, of 89, which fell in the Low Average range of functioning and at the 23rd percentile; she made a couple of calculation errors. Specifically, [REDACTED] performed in the Average range on fluency tests of addition (eighth grade equivalence) and multiplication (seventh grade equivalence), and in the Low Average range on a fluency test of subtraction (sixth grade equivalence). There was a statistically significant difference between her (untimed) Mathematics Composite and her (timed) Math Fluency Composite. Furthermore, her Math Fluency Composite was significantly lower (≥ 2 standard deviations) than predicted by her GAL.

Executive Functioning, Memory, and Learning

In order to assess [REDACTED]'s memory, learning, attention, concentration, and other areas of executive functioning, Wechsler Intelligence Scale for Children – Fifth Edition (WISC-V) selective subtests, the Wide Range Assessment of Memory and Learning – Second Edition (WRAML2), the Delis-Kaplan Executive Function System (D-KEFS), the Conners CPT, and the Conners CATA were administered. In addition, [REDACTED] and Mrs. [REDACTED] each completed the Behavior Rating Inventory of Executive Function Second Edition (BRIEF-2) and the Behavior Assessment System for Children, Third Edition (BASC-3). Teacher forms were not completed because [REDACTED] was out of school for most of tenth grade.

[REDACTED] completed the WISC-V optional subtests (which do not contribute to the FSIQ) of symbol translation. These tasks measure verbal-visual associative memory or paired associates learning, storage and retrieval fluency and accuracy, and immediate recall; these abilities are closely associated with reading decoding skills, reading comprehension, and math calculation and reasoning. [REDACTED]'s ability to learn visual-verbal pairs and then translate symbol strings into phrases or sentences was measured in the

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Average range (Immediate Symbol Translation). Similarly, her ability to translate the symbol strings into phrases or sentences after a delay was in the Average range (Delayed Symbol Translation).

[REDACTED]'s ability to encode and recall orally and visually presented material was evaluated with the Wide Range Assessment of Memory and Learning – Second Edition (WRAML2). Her overall immediate memory and delayed recognition memory were measured in the Very Low and Low Average ranges, respectively (Screening Memory = 76, 5th percentile; General Recognition Memory = 87, 19th percentile).

Her immediate recall and delayed recognition verbal memory both fell in the Low Average range (Verbal Memory Immediate Recall = 85, 16th percentile; Verbal Memory Recognition = 88, 21st percentile). Her performance on a task which required her to recall contextual information presented in a story form (Story Memory) placed her in the Low Average range on the immediate recall, delayed recall, and delayed recognition (she had to choose the correct answer from a set of options, a form of cuing) conditions. Her performance on a task which required her to retain non-contextual, non-meaningful information presented over multiple trials (Verbal Learning) placed her immediate free recall, delayed free recall, and delayed recognition memory in the Average range of functioning.

[REDACTED]'s immediate and delayed visual memory fell in the Very Low and Average ranges, respectively (Visual Memory Immediate = 73, 4th percentile; Visual Memory Recognition = 90, 25th percentile). On a visual memory task which incorporated visual-motor abilities (Design Memory), [REDACTED] performed in the Low Average range on the immediate recall and delayed recognition conditions. On a task which required her to memorize complex scenes and identify altered elements between scenes (Picture Memory), [REDACTED] performed in the Very Low range on the immediate recall condition and in the Average range on the corresponding recognition condition.

The D-KEFS is comprised of multiple tests that assess various aspects of executive functioning. The Trail Making Test consists of a visual cancellation task and a series of connect-the-circle tasks. [REDACTED] performed in the High Average range of functioning on a test of visual scanning and visual attention (Visual Scanning). [REDACTED] performed in the High Average range on a task which required her to sequence numbers within the format of a visual-motor task (Number Sequencing) and in the Very High range on a task which required her to sequence letters within the format of a visual-motor task (Letter Sequencing). She performed in the Average range on a measure of motor speed (Motor Speed). All of these tasks serve to establish baseline levels of visual scanning/attention and motor speed for the executive functioning task, Number-Letter Switching; Jenna performed in the Average range on this measure of cognitive flexibility, which is necessary for multitasking, simultaneous processing, and divided attention.

[REDACTED] performed in the Very Low range on two baseline conditions of the D-KEFS Verbal Fluency Test (Letter Fluency and Category Fluency). [REDACTED] performed in the Low Average (word retrieval) to Average (Category Switching) ranges on the third condition which required her to switch between two categories, evaluating cognitive flexibility and recall.

[REDACTED] performed in the Low Average (Color Naming) and Average (Word Reading) ranges on the two baseline conditions of the D-KEFS Color-Word Interference Test. [REDACTED] performed in the Average range on the third condition (Inhibition), for which the examinee must inhibit reading the words in order to name the dissonant ink colors in which those words are printed. Finally, [REDACTED] performed in the High Average range on the Inhibition/Switching condition, which requires the examinee to switch back and

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forth between naming the dissonant ink colors and reading the words, evaluating both inhibition and cognitive flexibility.

The D-KEFS Sorting Test isolates and measures multiple components of concept-formation and problem-solving abilities. On the Free Sorting condition, [REDACTED]'s correct categorizations and her ability to describe her reasoning placed her in the Average and High Average ranges, respectively.

[REDACTED] performed in the High Average range on the D-KEFS Twenty Questions Test, a measure of efficiency of problem solving and thinking ability, including the abilities to categorize and incorporate feedback into the examinee's mental schema of the problem. [REDACTED] performed in the Low Average range on a measure of spatial planning, rule learning, inhibition of impulsive and perseverative responding, and the ability to establish and maintain the instructional set (the D-KEFS Tower Test).

The D-KEFS Proverb Test consists of eight sayings that are presented in two formats for the examinee to interpret abstract principles and concepts: Free Inquiry and Multiple Choice. [REDACTED] performed in the High Average range of functioning on the Free Inquiry condition. Jenna performed at 100% accuracy on the Multiple Choice condition.

The Conners Continuous Performance Test 3rd Edition (Conners CPT 3) assesses (visual) attention-related problems. She made a noise like a gasp during the test and explained that the test did "stress me out!" [REDACTED] demonstrated some difficulty differentiating targets from non-targets (Detectability = 55). She demonstrated a very high rate of missed targets compared to her peers (Omissions = 90). She demonstrated a below average rate of incorrect responses to non-targets, demonstrating good performance (Commissions = 34). She had an average rate of random, repetitive, or anticipatory responses (Perseverations = 46). She demonstrated a slightly slow mean response speed and above average consistency in reaction times (HRT = 58; HRT SD = 41). Reaction time consistency and ability to sustain response speed in later blocks could not be calculated due to too few hits. She showed a good ability to sustain or increase response speed at longer intervals (HRT ISI Change = 42). In summary, relative to the normative sample, [REDACTED] made more omission errors, demonstrating some indication of issues related to inattentiveness, sustained attention, and vigilance.

The Conners Continuous Auditory Test of Attention (Conners CATA) assesses auditory processing and attention-related problems. She stood during this test (by choice). She also turned the volume down, explaining that she has been told that she is sensitive to sound. [REDACTED] demonstrated an Average ability to differentiate targets from non-targets (Detectability = 49). She had a below average rate of missed targets, indicating good performance (Omissions = 44). She demonstrated an Average rate of incorrect responses to non-targets (Commissions = 48). She demonstrated an Average rate of incorrectly responding before the target (Perseverative Commissions = 46). She had a Slightly Fast mean response speed (HRT = 40). She demonstrated Average consistency in reaction time (HRT SD = 50) and a Substantial reduction in response speed in later blocks (HRT Block Change = 64). Relative to the normative sample, [REDACTED] responded faster and displayed more of a reduction in response speed in later blocks. Overall, Jenna has a total of 2 atypical T-scores, which is associated with a moderate likelihood of having a disorder characterized by attention deficits, such as ADHD. [REDACTED]'s response pattern does indicate a possible issue with sustained attention (some indication).

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[REDACTED] and Mrs. [REDACTED] completed the Behavior Rating Inventory of Executive Function Second Edition (BRIEF-2), which assesses everyday behavior associated with specific domains of executive functions. Executive functions are a collection of behaviors and skills that are responsible for guiding, directing, and managing cognitive, emotional, and behavioral functioning. They include controlling impulses, initiating new behaviors, selecting relevant task goals, planning and organizing, shifting problem solving strategies when necessary, and monitoring and evaluating behavior. [REDACTED] endorsed *at-risk* levels of difficulty with *shifting* (e.g., often – I have trouble getting used to new situations, I have trouble thinking of a different way to solve a problem when I get stuck), *working memory* (e.g., often – I have trouble remembering things even for a few minutes, I forget instructions easily; never – I forget to hand in my homework, even when it's completed), and *task-completion* (e.g., often – I have trouble finishing tasks; sometimes – I am slower than others when completing my work). Mrs. [REDACTED] reported all scales within normal limits.

In order to assess [REDACTED]'s attention and concentration, the Behavior Assessment System for Children – Third Edition (BASC-3) was administered to [REDACTED] and Mrs. [REDACTED]. Both raters ranked Attention, Hyperactivity, Aggression, and Conduct Problems within normal limits.

Social-Emotional and Adaptive Functioning

Social-emotional and adaptive functioning were evaluated through the BASC-3 and the Revised Children's Manifest Anxiety Scale, Second Edition (RCMAS-2).

[REDACTED]'s BASC-3 results should be interpreted with caution due to an elevated F Index, indicating a negative overall view of her thoughts, feelings, and behaviors. Scale scores in the clinically significant range suggest a high level of maladjustment; scores in the *at-risk* range may identify a significant problem that may not be severe enough to require formal treatment or may identify the potential of developing a problem that needs careful monitoring. On the BASC-3, [REDACTED] endorsed clinically significant levels of difficulty with depression (e.g., true – I used to be happier, I don't seem to do anything right, nothing about me is right; almost always – I feel like I have no friends, no one understands me; often – I feel lonely), interpersonal relations (e.g., true – I have a hard time making friends, my classmates don't like me; almost always – other kids hate to be with me; often – I feel that nobody likes me), and self-esteem (e.g., false – I like who I am, I feel good about myself; never – I'm happy with who I am, I have confidence in myself; true – I wish I were different; almost always – my looks bother me). [REDACTED] also endorsed *at-risk* levels of difficulty with *attitude to school* (e.g., true – I don't like thinking about school; false – I don't care about school; never – my school feels good to me; almost always – school is boring), *attitude to teachers* (e.g., false – my teacher understands me, my teacher cares about me; never – my teacher is proud of me, my teacher gets mad at me for no good reason, teachers look for the bad things that you do; almost always – I get along with my teacher), *social stress* (e.g., true – my friends have more fun than I do, other children are happier than I am; almost always – I feel out of place around people, I feel that others do not like the way I do things; often – I am lonely), *sense of inadequacy* (e.g., true – I never seem to get anything right; almost always – when I take tests I can't think, I want to do better but I can't; often – I fail at things, even when I try hard I fail), *somatization* (e.g., true – often I feel sick in my stomach, I get sick more than others), and *self-reliance* (e.g., false – if I have a problem I can usually work it out; never – my friends come to me for help; sometimes – I can solve difficult problems by myself, I am good at making decisions). Mrs. [REDACTED] endorsed an *at-risk* level of difficulty with *anxiety* (e.g., almost always – says "tests make me nervous"; often – worries, is easily stressed, worries about making mistakes). In the narrative portion of the BASC-3, Mrs. Humcke wrote that "[REDACTED] is an affectionate, smart, thoughtful girl. She is very passionate about things that she feels are important. [REDACTED]"

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loves her family and she will always have a strong bond with her brothers." Regarding concerns, Mrs. [REDACTED] explained, "I'm concerned about [REDACTED] spending too much time thinking/worry about things. Although things have improved, [REDACTED] still spends too much time alone. She needs a friend she can rely on, spend time with and with whom she can confide in. She is very opinionated which can be good but also sometimes difficult."

[REDACTED] completed the RCMAS-2, a standardized self-report measure, which assesses worry, stress, and fear that can lead to academic difficulties and other problems. She endorsed an *at-risk* level of *overall anxiety* (T = 62). This total score was made up of physiological anxiety (within normal limits), worry (within normal limits), and *social anxiety (at-risk; e.g., I fear other kids will laugh at me in class, I feel someone will tell me I do things the wrong way, others seem to do things easier than I can, I feel alone even when there are people with me, I am afraid to speak up in a group, I worry about being called on in class).*

CLINICAL IMPRESSIONS

[REDACTED] is a 16-year-old female referred by her school district and her attorney (Ms. Julie Warshaw) for a private psychoeducational evaluation to guide school placement decisions and academic recommendations. [REDACTED] is a rising eleventh grader. She earns mostly A's and B's. No behavioral problems have been reported at home or at school (other than anxiety preventing her from going/staying in school). [REDACTED] is socially isolated and does not have friends. In September 2016, [REDACTED] was admitted to ICCPC's partial hospital program after presenting with suicidal ideation. Mrs. [REDACTED] explained that [REDACTED] is very hard on herself and typically thinks that her efforts are "not good enough" which negatively impacts her social and academic success. [REDACTED] has been receiving home instruction since 10/24/16 and a 504 plan was implemented for her effective 12/7/16. She has attempted to return to school several times but her anxiety has impeded her doing so. She has been diagnosed with Depression and Anxiety. [REDACTED] is currently prescribed Wellbutrin (150mg) and Prozac (15mg) and undergoes weekly outpatient group therapy for anxiety, depression, and social skills. [REDACTED] stated that she wants to resume school. When asked what makes a good school for her, [REDACTED] stated that she would like a small school that does not have too many people and where the teachers care about her.

[REDACTED] achieved a Full Scale IQ score of 99 (Average range, 47th percentile); [REDACTED] achieved a General Ability Index (GAI) score of 108, estimating her overall cognitive functioning to be in the Average range (70th percentile). GAI is a summary score that is less sensitive to the influence of working memory and processing speed and may be a better representation of Jenna's intelligence than the FSIQ. Her Verbal Comprehension, Perceptual Reasoning, and Processing Speed were each measured in the Average range of functioning. Her Working Memory was measured in the Low Average range of functioning, representing an area of relative weakness. Processing Speed also represented an area of relative weakness (PSI was statistically significantly lower than VCI and PRI). This was consistent with relatively weaker performance on timed tasks across the various evaluation instruments, particularly in math and oral fluency or retrieving and expressing ideas quickly (e.g., WIAT-III oral word fluency and math fluency; D-KEFS letter fluency, category fluency, color naming). Anecdotally, she also worked slowly and thoughtfully during testing; on timed tasks, she sometimes gave her answer just as time expired or after time already expired. Therefore, [REDACTED] would benefit from extended time on tests and other tasks across subjects.

Of note, the WAIS-IV was administered 6.5 months after [REDACTED]'s last administration of the same intelligence test. Practice guidelines suggest waiting at least six months between administrations. One

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particular study in which the researchers administered the WAIS-IV to the same participants 3 and 6 months apart indicates that "prior exposure to the WAIS-IV results in significant score increments. These gains reflect practice effects instead of genuine intellectual changes" (Estevis, Basso, and Combs, 2012). However, [REDACTED]'s performance on the most recent WAIS-IV was consistent with or slightly lower than her January performance and thus is believed to be a valid estimate of [REDACTED]'s current functioning. Please see table below for comparative scores.

WAIS-IV Index/Subtest	Standard Score	Standard Score
Full Scale (FSIQ)	104	99
General Ability Index (GAI)		108
Verbal Comprehension (VCI)	116	108
Similarities	11	12
Vocabulary	13	9
Information	15	14
Perceptual Reasoning (PRI)	107	107
Block Design	9	10
Matrix Reasoning	11	12
Visual Puzzles	14	12
Working Memory (WMI)	86	80
Digit Span	6	7
Arithmetic	9	6
Processing Speed (PSI)	94	92
Symbol Search	5	8
Coding	13	11

[REDACTED]'s academic achievement was generally consistent with, or surpassed, her age, education, and GAI, with the exception of Math Fluency.

Her overall oral language skills placed her in the Average range. Her expressive and receptive language placed her in the Average and High Average ranges, respectively.

[REDACTED]'s overall reading skills placed her in the Average range. Her phonological awareness and single word reading were measured in the Average and High Average ranges, respectively. Her reading comprehension was measured in the Average (open-ended) to High Average (multiple choice) ranges, which represented fifth grade and college sophomore equivalence, respectively, demonstrating great variability. Her oral reading fluency was measured in the Average range while her silent reading rate was measured in the High Average range.

Her written expression placed her in the Average range. Her spelling was measured in the Average range. Her sentence and essay composition placed her in the High Average and Average ranges, respectively.

[REDACTED]'s untimed math achievement placed her in the High Average range (81st percentile) while her timed math skills placed her in the Low Average range of functioning (23rd percentile), representing a statistically significant difference, and demonstrating that she benefits from extended time in order to demonstrate her full (advanced) mathematics knowledge. Furthermore, her math fluency performance was

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significantly lower (≥ 2 standard deviations) than predicted by her GAI. Therefore, [REDACTED] meets criteria for a diagnosis of Specific Learning Disorder with impairment in mathematics, specifically with fluent calculation, Moderate. Of note, her (untimed) math skills surpassed scores predicted by her GAI; therefore, on this evaluation, [REDACTED] is excelling in (untimed) math.

[REDACTED]'s memory performance was variable and inconsistent within and between measures. As discussed above, her WMI was an area of relative weakness (WMI = 80, 9th percentile). [REDACTED]'s immediate recall and delayed recognition verbal memory placed her in the Low Average range. Contrary to intuition, she performed better on a memory task which required her to retain non-contextual, non-meaningful information presented over multiple trials (Verbal Learning) than on a task which required her to remember contextual information presented in a story form; she may have benefitted from multiple trials (being exposed to the information multiple times) and/or the story format had too much information and made it more difficult for [REDACTED] to pick out and remember the most salient parts. [REDACTED]'s immediate and delayed visual memory placed her in the Very Low and Average ranges, respectively. Her immediate and delayed memory for paired associates learning (verbal-visual associate memory or pairing a word with a symbol) was measured in the Average range. She appeared to benefit from having verbal and pictorial information paired together and possibly also from multiple exposures to the information.

On standardized assessment (D-KEFS), [REDACTED]'s executive functioning skills fall in the Low Average to High Average ranges. On a test of sustained visual attention (CPT3), relative to the normative sample, [REDACTED] made more omission errors, demonstrating some indication of issues related to inattentiveness, sustained attention, and vigilance. On a test of sustained auditory attention (CATA), relative to the normative sample, [REDACTED] responded faster and displayed more of a reduction in response speed in later blocks, indicating some issues with sustained attention. On standardized report measures, [REDACTED] endorsed elevated levels of difficulty with shifting, working memory, task-completion, attitude to school, and attitude to teachers. Mrs. [REDACTED] did not endorse any difficulties with executive functioning on standardized report measures. During the background interview, [REDACTED] and her mother denied difficulties with careless errors, sustained attention, distraction, follow-through, organization, losing things, hyperactivity, or impulsivity.

On a standardized report measure, [REDACTED] endorsed an elevated level of difficulty with somatization, social stress, interpersonal relations, depression, self-esteem, self-reliance, and sense of inadequacy. Mrs. [REDACTED] endorsed an elevated level of anxiety. Mrs. [REDACTED] explained that [REDACTED] is very hard on herself and typically thinks that her efforts are "not good enough" which negatively impacts her social and academic success. These automatic negative thoughts seem to be feeding depression and anxiety. [REDACTED] continues to meet criteria for Major Depressive Disorder, Recurrent Episode, Moderate and Generalized Anxiety Disorder. Of note, depression and anxiety can negatively impact memory and processing speed ([REDACTED]'s relative weaknesses according to two evaluations, both conducted during active depressive episodes with anxiety).

[REDACTED] turned the volume down significantly during the CATA, explaining that she has been told that she is sensitive to sound. It is possible that this hypersensitivity to noise is contributing to feeling overwhelmed and anxious in school, which tends to be a noisy environment. Please see recommendations for suggestions for how to accommodate [REDACTED] here to optimize her functioning.

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[REDACTED] is a kind, intelligent, articulate, thoughtful young woman. Please see recommendations below to help her achieve her fullest, and great, potential.

DIAGNOSIS

- F81.2 Specific Learning Disorder with impairment in mathematics, specifically with fluent calculation, Moderate
 F33.1 Major Depressive Disorder, Recurrent Episode, Moderate
 F41.1 Generalized Anxiety Disorder

RECOMMENDATIONS

1. It is recommended that this report be shared with [REDACTED]'s school and treatment providers and standardized testing agencies.
2. [REDACTED] would benefit from a small school and small classroom environment where she can get extra support for her emotional and academic needs. This classroom should still be academically vigorous as [REDACTED]'s ability and achievement scores are generally at or above normal limits. In light of relative weakness in PSI, math fluency, oral fluency, anxiety, and depression, [REDACTED] may need some extra time to process information and formulate and express an answer. It is important to give her this time and give her opportunities to seek clarification; to start, this may include writing her question on a post-it note on her desk that a teacher's assistant walks around and sees and addresses so she does not need to raise her hand and speak in front of the class which causes her too much anxiety at this time. Similarly, do not call on [REDACTED] if she is not raising her hand or require her to speak in front of the class; work with her therapist to gradually expose her to these fears and build her competency. To support her relative weaknesses, [REDACTED] can benefit from the following supports.
3. [REDACTED] is reportedly (and noticeably) hypersensitive to noise. Therefore, she would benefit from the following recommendations:
 - a. A thorough Central Auditory Processing Disorder (CAPD) evaluation. These are typically conducted by an audiologist in private practice or in a hospital with an audiology department (such as Children's Specialized Hospital or CHOP).
 - b. [REDACTED] may benefit from access to noise-cancelling headphones and/or headphones with music as needed in order to cope with loud and overwhelming settings and situations.
 - c. [REDACTED] would benefit from being able to take breaks when needed and go to a designated quiet space when she is overwhelmed (e.g., guidance department office even if she does not want to talk). Gradually decrease how often she can use this, in conjunction with her therapist.
 - d. Similarly, because cafeterias can be very noisy, she may benefit from a quiet setting with a small group of students to eat her lunch. This will help with becoming over-stimulated but also with social skills and social anxiety and feeling like she has a group in the school.
4. Testing accommodations:
 - a. In light of a relative weakness in Processing Speed and math fluency (clinically significant discrepancy between timed and untimed math), anxiety, and depression, [REDACTED] would benefit from extended time on tests (at least time-and-a-half) in all subjects.
 - b. A separate, distraction-free testing room so she is not bothered by noises and other extraneous stimuli (hypersensitive). This will also allow her from becoming agitated when others turn in their tests before she does.
 - c. Breaks if she gets anxious or overwhelmed.

PATIENT NAME: [REDACTED]
 DATE OF BIRTH: [REDACTED]
 PSYCHOEDUCATIONAL EVALUATION

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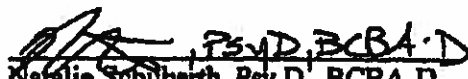
- d. Instructions should be presented in writing and should be available for [REDACTED] to refer back to in light of variable memory.
5. [REDACTED] meet criteria for a diagnosis of Specific Learning Disorder with impairment in mathematics, specifically fluent calculation, Moderate. Therefore, she would benefit from the following accommodations:
 - a. Because [REDACTED] has difficulties with math fluency, allow her to complete every other math problem for homework/classwork in order to check for understanding while decreasing unnecessary frustration.
 - b. Allow extra time (time-and-a-half) for math tests.
6. In regards to memory, [REDACTED] appeared to benefit from having verbal and pictorial information paired together and possibly also from multiple exposures to the information. Do not include too much extraneous information because [REDACTED] has some difficulties picking out the most salient points.
7. [REDACTED] would benefit from counseling/support as needed in school. It would be helpful to have someone check in on her adjustment regularly and assist in connecting her with peers that she may connect with. To this end, she would benefit from a social skills group (like a "lunch bunch") to help make and maintain friendships in school.
8. In light of background information and current testing results, [REDACTED] would benefit from the following academic accommodations:
 - a. Preferential classroom seating (front of class away from anything noisy such as a heating system).
 - b. Reduce the assignment length and strive for quality (rather than quantity) when applicable).
 - i. In math, this may mean doing only every other problem in order to demonstrate mastery of the concept, without causing unnecessary frustration and while leaving time and energy for other tasks.
 - ii. For writing assignments, consider modifying page requirements.
 - iii. *Do not grade her or penalize her based on completion time!*
 - c. Due to variable processing speed and accuracy, [REDACTED] would benefit from receiving an outline or complete copy of class notes ahead of time so that she can simply fill in a few details during the lecture and stay engaged. Similarly, minimize unnecessary copying from the board. In college, she would benefit from a note taker. Also, allow her to use assistive technology such as a tablet or laptop to complete work and to take notes in class.
 - d. Unfamiliar information and materials should be presented in small, manageable "chunks" and at a controlled rate. Similarly, unfamiliar skills should be taught through demonstration and guided practice, which are only then followed by independent practice or review.
 - e. Give clear, concise directions. Provide a model. Post the model and refer to it often.
 - f. Instructions should be written down in light of [REDACTED]'s memory inconsistencies.
 - g. Tasks should also be paced according to [REDACTED]'s level of mastery to guarantee a high rate of success.
 - h. [REDACTED] will benefit from highly structured, explicit, step-by-step strategies when learning new academic procedures. The last step of any such strategy should always include some method of checking the result. In addition, frequent repetition and rehearsal of to-be-learned material will be important.

PATIENT NAME: [REDACTED]
DATE OF BIRTH: [REDACTED]
PSYCHOEDUCATIONAL EVALUATION

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- i. When necessary, help [REDACTED] break longer tasks into shorter segments. Plan on providing extra support and guidance for long-term, multi-step assignments requiring organization. Teach [REDACTED] to set clear timelines of what she needs to do to accomplish each step (monitor her progress frequently).
 - j. Coach [REDACTED] in monitoring her own behavior (e.g., making checklists and writing reminders for herself, setting alarms on her phone).
 - k. Increase the frequency of positive reinforcement at home and school (catch [REDACTED] doing something right and let her know it). Reinforce effort and not final outcome/grades.
9. Individuals with depression and anxiety symptoms often benefit from behavioral and psychopharmacology interventions. Therefore, it is recommended that [REDACTED] continue psychotherapy and medication management. Individuals with her profile tend to benefit from a Cognitive Behavioral Therapy (CBT) approach, with special attention to:
- a. Distress tolerance and coping with anxiety and depression
 - b. Building positive self-image
 - c. Noticing and challenging automatic negative thoughts
 - d. Emotion regulation
 - e. Interpersonal effectiveness
 - f. Social skills training
10. [REDACTED] may benefit from a re-evaluation in 2-3 years to evaluate treatment progress and determine updated recommendations for college.
11. [REDACTED]'s parents are referred to the following resources to provide additional information about her diagnoses. In addition, we recommend that the family rely on their own support systems as much as possible, as raising a child with depression, anxiety, and learning difficulties can be very challenging for parents.
- a. The Statewide Parent Advocacy Network (SPAN) can be helpful a source of information and support: 1-800-654-SPAN; www.spannj.org
 - b. National Alliance for Mental Illness (NAMI) Mercer provides education and support for individuals and families affected by mental illness - www.namimercer.org
 - c. Mom 2 Mom Helpline (a division of Rutgers UBHC) 1-877-914-6662, <http://www.mom2mom.us.com/>
 - d. New Jersey Children's System of Care, managed by Perform care. If eligible, you may receive Family Supports such as respite care or assistance with camp. (1-877-652-7264; www.performcare.org)

It was a pleasure working with [REDACTED] and her family. If there are further questions or the need for consultation regarding the findings of this evaluation, please do not hesitate to call us at (609) 419-0400.


Natalie Schuberth, Psy.D., BCBA-D
Licensed Psychologist, License #5563

8/21/17
Date

PATIENT NAME: [REDACTED]
 DATE OF BIRTH: [REDACTED]
 PSYCHOEDUCATIONAL EVALUATION

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Scoring Appendix

Classification Level	Percentile Rank	Standard Score	2S Standard Score	1S Standard Score
Extremely High	≥ 98	≥ 130	≥ 16	≥ 70
Very High	91-97	120-129	14-15	63-69
High Average	75-90	110-119	12-13	57-62
Average	25-74	90-109	8-11	43-56
Low Average	9-24	80-89	6-7	37-42
Very Low	2-8	70-79	4-5	30-36
Extremely Low	< 2	< 70	1-3	< 30

Intellectual Functioning

Wechsler Adult Intelligence Scale -- Fourth Edition (WAIS-IV)

Subtest	Standard Score	2S Standard Score	1S Standard Score
Full Scale (FSIQ)	99	47	Average
General Ability Index (GAI)	108	70	Average
Verbal Comprehension (VCI)	108	70	Average
Similarities	12		High Average
Vocabulary	9		Average
Information	14		Very High
Perceptual Reasoning (PRI)	107	68	Average
Block Design	10		Average
Matrix Reasoning	12		High Average
Visual Puzzles	12		High Average
Working Memory (WMI)	80	9	Low Average
Digit Span	7		Low Average
Arithmetic	6		Low Average
Processing Speed (PSI)	92	30	Average
Symbol Search	6		Low Average
Coding	11		Average

PATIENT NAME: [REDACTED]
 DATE OF BIRTH: [REDACTED]
 PSYCHOEDUCATIONAL EVALUATION

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Academic FunctioningWechsler Individual Achievement Test—Third Edition (WIAT-III)

Composite/Subtest	Score	Percentile	Standard Error	Age	Functioning
Oral Language Composite	104	61			Average
Listening Comprehension	114	82	>12.9	>19:11	High Average
Receptive Vocabulary	118	88			High Average
Oral Discourse Comprehension	104	61			Average
Oral Expression	93	32	7.8	13:1	Average
Expressive Vocabulary	99	47			Average
Oral Word Fluency	87	19			Low Average
Sentence Repetition	98	45			Average
Total Reading Composite	103	58			Average
Basic Reading	108	70			Average
Reading Comprehension and Fluency	98	45			Average
Word Reading	113	81	>12.9	>19:11	High Average
Pseudoword Decoding	105	63	>12.9	>19:11	Average
Reading Comprehension	92	30	5.7	11:4	Average
Oral Reading Fluency	106	66	12.9	>19:11	Average
Oral Reading Accuracy	97	42	10.2	15:0	Average
Oral Reading Rate	105	63	12.7	>19:11	Average
Written Expression Composite	108	70			Average
Sentence Composition	115	84	>12.9	>19:11	High Average
Sentence Combining	120	91			Very High
Sentence Building	107	68			Average
Spelling	105	63	12.4	>19:11	Average
Essay Composition	101	53	9.8	16:0	Average
Word Count	107	68			Average
Theme Development and Text Organization	94	34			Average
Mathematics Composite	113	81			High Average
*Math Fluency	89	23			Low Average
Math Problem Solving	117	87	>12.9	>19:11	High Average
Numerical Operations	107	68	>12.9	>19:11	Average
Math Fluency—Addition	92	30	8.4	13:4	Average
*Math Fluency—Subtraction	86	18	6.1	11:4	Low Average
Math Fluency—Multiplication	92	30	7.2	13:0	Average

Norms based on age

*Indicates score that is significantly (≥ 2 standard deviations) different from GAI

not recognized by code. 6A:14-3.5(c)(12)(i)(5)-(6)

PATIENT NAME: [REDACTED]
 DATE OF BIRTH: [REDACTED]
 PSYCHOEDUCATIONAL EVALUATION

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Nelson-Denny Reading Test

Component/Subtest	Percentile Rank	Grade Equivalent	Range of Functioning
Vocabulary			
Standard Time	86	14.6	High Average
Extended Time	85	14.5	High Average
Comprehension			
Standard Time	78	14.4	High Average
Extended Time	59	12.4	Average
Total			
Standard Time	83	14.6	High Average
Extended Time	77	13.9	High Average
Reading Rate	84		High Average

PATIENT NAME: [REDACTED]
 DATE OF BIRTH: [REDACTED]
 PSYCHOEDUCATIONAL EVALUATION

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Executive Functioning/Learning/Memory

Wechsler Intelligence Scale for Children – Fifth Edition (WISC-V)

Index/Subtest	Standard Score	Range of Functioning
<i>Optional Subtests</i>		
Immediate Symbol Translation	95	Average
Delayed Symbol Translation	108	Average

Wide Range Assessment of Memory and Learning, Second Edition (WRAML2)

Index/Subtest	Standard Score	Percentile	Range of Functioning
Screening Memory	76	5	Very Low
General Recognition Memory	87	19	Low Average
Verbal Memory - Immediate Recall Total	85	16	Low Average
Verbal Memory - Recognition Total	88	21	Low Average
Story Memory			
Immediate Recall	7		Low Average
Delayed Recall	7		Low Average
Recognition	6		Low Average
Verbal Learning			
Immediate Recall	8		Average
Delayed Recall	10		Average
Recognition	10		Average
Visual Memory - Immediate Total	73	4	Very Low
Visual Memory - Recognition Total	90	25	Average
Design Memory			
Immediate	6		Low Average
Recognition	6		Low Average
Picture Memory			
Immediate	5		Very Low
Recognition	11		Average

PATIENT NAME: [REDACTED]
 DATE OF BIRTH: [REDACTED]
 PSYCHOEDUCATIONAL EVALUATION

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Della-Kaplan Executive Function System (D-KEFS)

Test/Subject	Score	Percentile/Qualifying
Visual Scanning	12	High Average
Number Sequencing	13	High Average
Letter Sequencing	14	Very High
Number-Letter Switching	11	Average
Motor Speed	11	Average
Letter Fluency	4	Very Low
Category Fluency (Alternate Form)	5	Very Low
Category Switching: Correct Responses	6	Low Average
Switching Accuracy	8	Average
Color Naming	7	Low Average
Word Reading	11	Average
Inhibition	8	Average
Inhibition/Switching	13	High Average
Free Sorting - Description Score	10	Average
Correct Sorts	13	High Average
Total Weighted Achievement	12	High Average
Total Achievement Score	7	Low Average
Free Inquiry	13	High Average

PATIENT NAME: [REDACTED]
 DATE OF BIRTH: [REDACTED]
 PSYCHOEDUCATIONAL EVALUATION

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Conners Continuous Performance Test 3rd Edition (CPT3)

Detectability	d'	55	High Average
Error Type	Omissions	90	Very Elevated
	Commissions	34	Low
	Perseverations	46	Average
	Hit Reaction Time (HRT)	58	A Little Slow
Reaction Time Statistics	HRT Standard Deviation	41	Low
	Variability	?	?
	HRT Block Change	?	?
	HRT ISI Change	42	Low

Conners Continuous Auditory Test of Attention (CATA)

Detectability	d'	49	Average
Error Type	Omissions	44	Low
	Commissions	48	Average
	Perseverative Commissions	46	Average
	Hit Reaction Time (HRT)	40	A Little Fast
Reaction Time Statistics	HRT Standard Deviation	50	Average
	HRT Block Change	64	Elevated

Behavior Rating Inventory of Executive Functioning, Second Edition (BRIEF2)

Global Executive Composite (GEC)	56		50	
Behavioral Regulation Index (BRI)	47		44	
Inhibit	45		44	
Self-Monitor	51		45	
Emotion Regulation Index (ERI)	57		57	
Shift	64	*	58	
Emotional Control	47		56	
Cognitive Regulation Index (CRI)	60	*	49	
Initiate	-		57	
Working Memory	65	*	47	
Plan/Organize	50		56	
Task-Monitor	-		44	
Organization of Materials	-		39	
Task-Completion	65	*	-	

* at-risk / ** clinically significant

PATIENT NAME: [REDACTED]
 DATE OF BIRTH: [REDACTED]
 PSYCHOEDUCATIONAL EVALUATION

22

Social, Emotional, and Behavioral Functioning

Behavior Assessment System for Children, Second Edition (BASC-3)

Scale	Score	Parent	Teacher	Self
Attitude to School	66	*	-	
Attitude to Teachers	63	*	-	
Sensation Seeking	45		-	
Atypicality	52		44	
Withdrawal	-		48	
Locus of Control	51		-	
Social Stress	64	*	-	
Anxiety	46		62	*
Depression	71	**	58	
Sense of Inadequacy	64	*	-	
Somatization	69	*	56	
Attention Problems	45		42	
Hyperactivity	38		39	
Aggression	-		47	
Conduct Problems	-		41	
Relations with Parents	54		-	
Interpersonal Relations	13	**	-	
Self-Esteem	18	**	-	
Self-Reliance	39	*	-	
Adaptability	-		38	
Social Skills	-		39	
Leadership	-		39	
Activities of Daily Living	-		57	
Functional Communication	-		49	
School Problems	61	*	-	
Externalizing Problems	-		42	
Internalizing Problems	62	*	60	*
Inattention/Hyperactivity	41		-	
Emotional Symptoms Index	69	*	-	
Behavioral Symptoms Index	-		53	
Personal Adjustment	26	**	-	
Adaptive Skills	-		44	

* elevated F Index; interpret with caution

* at-risk / ** clinically significant

For clinical scales, higher scores indicate areas of difficulty
 For adaptive scales, lower scores are indicative of concern

PATIENT NAME: [REDACTED]
 DATE OF BIRTH: [REDACTED]
 PSYCHOEDUCATIONAL EVALUATION

23

Revised Children's Manifest Anxiety Scale, Second Edition (RCMAS-2)

Index	Score	
Defensiveness	48	
Total	62	*
Physiological Anxiety	56	
Worry	56	
Social Anxiety	68	*

* at-risk / ** clinically significant

EXHIBIT Q



**Immediate Care
Children's
Psychiatric Center**
28 B Hill Road, Parsippany, NJ 07054
TEL (973) 794-3281 FAX (973) 794-3284
www.NJPsychCenter.com

8.17.17

RE: [REDACTED]

To whom it may concern,

I am the clinician working with [REDACTED] here at ICCPC. I am writing this letter on behalf of [REDACTED]'s anxiety and how it affects her education. Throughout her time here, [REDACTED] struggled with anxiety in social situations and when under pressure. She has struggled in large with engaging in large group settings due to feeling overwhelmed and having thoughts that others were going to judge her for what she says. I was able to encourage [REDACTED] to try and attend school again for approximately two days last year. She continued to report anxiety due to the large population of students and the size of her classes. She was unable to complete her academic assignments due to the anxiety causing her confusion and delaying her ability to function in school. While in smaller group settings, I have noticed that [REDACTED] was able to progress in managing her anxiety. She became more open and engaged and identified that her anxiety lessened throughout time. I have worked with [REDACTED] for almost one full year and throughout that time, have seen her progress when she is in smaller settings where she can get more attention and feel less anxious. [REDACTED] is a very mature and bright person. She excels better when people around her are mature and college bound rather than peers who have behavioral issues. Throughout my time with her, [REDACTED] has never demonstrated any negative behaviors or came to program due to behavioral issues. She also does not respond well when others around her have behavioral issues as it distracts her and causes her to become anxious again. She also will be continuing treatment here at ICCPC throughout the school year and will not be in need of therapy while in school. She will need a structured but non - strict educational environment as she functions better with more flexible schedules. It is highly recommended that she be placed in a school that can meet these needs in order for [REDACTED] to function academically and succeed. If there are any further questions, please feel free to contact me. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melissa Dolgos', is written over a horizontal line.

Melissa Dolgos, LAC
Senior Clinician
973-794-3281 X222
melissad@njpsychcenter.com

EXHIBIT R

PLATT PSYCHIATRIC ASSOCIATES, L.L.C.

Canfield Office Park
904 B2 - 905 A2 Pompton Avenue
Cedar Grove, NJ 07008
Phone: 973-239-4848 - Fax: 973-239-4704

ARTHUR S. PLATT, D.O.
General Psychiatry
Confrontational Psychiatry

Diplomate, American Board of
Psychiatry and Neurology

Diplomate, American
Osteopathic Board of Neurology
and Psychiatry

ELLEN M. PLATT, D.O.
Child, Adolescent and General
Psychiatry

Diplomate, American Board of
Psychiatry and Neurology

Diplomate, American Osteopathic
Board of Neurology and
Psychiatry

Diplomate, American Board of
Adolescent Psychiatry

JENNIFER E. PLATT, D.O.
Child, Adolescent, General and
Forensic Psychiatry

Diplomate, American Board of
Psychiatry and Neurology:
General Psychiatry

Diplomate, American
Osteopathic Board of Neurology
and Psychiatry, General
Psychiatry

PSYCHIATRIC CONSULTATION FOR SCHOOL STAFF

This report was prepared for School Staff purposes only. Use for other purposes (e.g. custody, court appearance, etc.) may not be appropriate and is not sanctioned by the author.

NAME:

ADDRESS:

TELEPHONE:

DATE OF
CONSULTATION:

9/6/17

LOCATION OF CONSULTATION:

Office

REFERRED BY:

West Morris Central High
School Child Study Team, Case
Manager: Ms. Kendra
Dickerson, School Psychologist

REASON FOR
REFERRAL:

To assess [REDACTED]'s psychiatric
status in order to determine
an appropriate classroom
placement.

AGE:

DATE OF BIRTH:

SCHOOL:

West Morris Central High
School

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GRADE:

Rising 11th

CST CLASSIFICATION:

None

LIVING/PSYCHOSOCIAL
SITUATION:

■■■■■ lives with her parents and brothers in the family's 5-bedroom home. She has her own bedroom where she sleeps. The family has 2 cats, 1 dog and a fish.

FAMILY:

Mother: ■■■■■; 57-years; teacher; reportedly in overall good health.

Father: ■■■■■; 56-years; electrical engineer; reportedly in overall good health.

Brother: ■■■■■; 24-years; resides in ■■■■■; employed; no problems reported.

Brother: ■■■■■; 22-years; resides in ■■■■■; employed; no problems reported.

Brother: ■■■■■; 20-years; Junior at TCNJ; no problems reported.

CHIEF COMPLAINT AND HISTORY OF THE PRESENTING PROBLEM

All historical information was obtained in an interview with mother and via review of all available Child Study Team referral material, including: a Social History by Ms. Betina Goldberg-Rappoport, School Social Worker, dated 1/18/17; a Psychological Evaluation by Ms. Sherry Wilks, School Psychologist, dated 1/19/17; a Psychiatric Evaluation by Dr. Shankar Srinivasan, dated 3/15/17; an IEP dated 4/6/17, a Letter written by Melissa Dolgos, LAC, Senior Clinician, dated 8/17/17; and a Psychoeducational Testing Report by Natalie Schuberth, Psy.D; BCBA-D, dated 8/21/17. ■■■■■ is interviewed with her mother present.

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██████████ is a ██████████ month old female referred for psychiatric consultation as school staff is seeking to assess ██████████'s psychiatric status in order to determine an appropriate classroom placement. Mother reports that anxiety and depression have been present for quite some time, but emerged overtly in the fall of 2016.

According to the Social History by Ms. Betina Goldberg-Rappoport, School Social Worker, dated 1/18/17, throughout her school history ██████████ was a strong student with no history of learning issues. However, in 6th grade, ██████████ described starting to feel lonely; initially the feeling wasn't severe and she did have friends. As her brothers began to go away to college, she started to feel increasingly depressed. She had a close relationship with her brothers and felt protected and comfortable with them. However, in September, 2016, she told a friend that she felt suicidal.

Per the Psychoeducational Testing Report by Natalie Schuberth, Psy.D., BCBA-D, dated 8/21/17, as noted above, in the fall of 2016, ██████████ experienced suicidal ideation (September through December 2016). Mother reported ██████████ spent a lot of time in her room before October 2016. She tried to return to school multiple times but her anxiety was intensely triggered and she returned to home instruction. According to the Psychological Evaluation dated 1/19/17 by Ms. Sherry Wilks, School Psychologist, on 9/22/16 ██████████ was admitted to ICCPC for depression and anxiety, and subsequently attended the partial care program which included counseling and academic tutoring. ICCPC staff diagnosed ██████████ with Major Depressive Disorder, recurrent, severe, without psychotic features; and Generalized Anxiety Disorder. She was prescribed Prozac and Wellbutrin. ICCPC staff also recommended a smaller and more therapeutic environment so she could continue processing her anxiety and depression and improve her school functioning. She improved in the small, therapeutic school environment with individualized attention. On 10/17/16, she was released from the program and cleared to return to school. Home instruction started on 10/24/16 and a 504 Accommodation Plan was implemented on 12/7/16. As she placed a lot of pressure on herself and experienced fear of failure, a therapist reported that ██████████ continued to struggle with major anxiety related to school work, and depression with suicidal thoughts were also present. She experienced depression, lack of motivation and inability to function which impacted her ability to attend school.

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particularly in the context of high school where she felt judged, pressured and scared.

█'s scores on the WAIS-IV were: FSIQ=104 (VCI=116, PRI=107, WMI=86, PSI=94) placing her in the Average range of intellectual functioning. On the BASC-2, █ rated herself as not having any noteworthy difficulties in a number of areas, including sensation seeking, atypicality, locus of control, attention problems, hyperactivity, relations with parents, self-reliance, test anxiety, anger control and mania. However, she rated herself within the At-Risk range in Attitude Toward School, Social Stress, Anxiety, Depression, Sense of Inadequacy, Somatization, Self-esteem, and Ego Strength. █ rated herself in the Clinically Significant range in Attitude Toward Teachers and Interpersonal Relations. Compared to her peers, Parent Rating indicated that she had typical adolescent behaviors in a number of areas including: hyperactivity, aggression, conduct problems, somatization, atypicality, attention problems, social skills, activities of daily living, anger control, bullying, emotional self-control, and executive functioning. She was rated in the At-Risk range in anxiety, adaptability, leadership, functional communication, social development, and negative emotionality. █ was rated in the Clinically Significant range for depression, withdrawal and resilience. In addition to the aforementioned diagnoses she also had: Specific Learning Disorder with impairment in mathematics, specifically with fluent calculation, moderate.

█ seemed to be doing well until January 2017 when she experienced a depressive relapse manifested with sadness, no motivation, loss of interest, hopelessness, suicidal ideation, and increased anxiety which was described as generalized worry and panic type symptoms. As she was unable to attend school, she was re-admitted to the ICCPC partial hospitalization program with diagnoses including Major Depression, recurrent; Panic Disorder and School issues. The Psychiatric Evaluation by Dr. Shankar Srinivasan, dated 3/15/17 indicated █'s psychiatric issues included pervasive mood disturbances, avoidant behaviors even when not under stress, along with irrational fears and anxiety secondary to school issues; all of this collectively impacted learning and her ability to maintain and build satisfactory interpersonal relationships.

Subsequently the IEP dated 4/6/17 referenced a gradual transition to a less restrictive placement within the Mendham Behavioral Support Program for a half-day, afternoons only. █ would continue to work towards completion of courses

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however and attempts would be made to conduct tutoring sessions within the school environment. In addition, there was a recommendation for [REDACTED] to transition to a small class setting within the behavioral support program for English with her peers. French and Chemistry would continue to be delivered through home instruction.

According to the Letter written by Melissa Dolgos, LAC, Senior Clinician at ICCPC, dated 8/17/17, [REDACTED] struggled with anxiety in social situations and when under pressure. She struggled in large group settings feeling overwhelmed and having thoughts that others were going to judge her for what she said. Anxiety interfered with [REDACTED] completing her academic assignments due confusion; this delayed her ability to function in school. She was better able to manage her anxiety in smaller groups and as she became more open and engaged her anxiety lessened over time. [REDACTED] was to continue treatment at ICCPC through the school year and was not expected to need therapy in school. Rather an educational environment with small school and classroom settings with increased flexibility in scheduling where extra support for her emotional and academic needs would be available.

The Psychoeducational Testing Report by Natalie Schuberth, Psy.D, BCBA-D, dated 8/21/17, reiterates the history as noted above noting multiple attempts to return to school intensely triggered her anxiety and she returned to home instruction. In addition to the diagnoses already stated, Dr. Schuberth also mentions: Specific Learning Disorder with impairment in mathematics, specifically with fluent calculation, moderate; Jenna is hypersensitive to noise. A thorough Central Auditory Processing evaluation was recommended.

Mother's understanding of the purpose of this consultation is to reassess [REDACTED]'s current psychiatric situation in the context of having previously been diagnosed with Generalized Anxiety Disorder and Major Depressive Disorder. Mother reviews much of the history noted above and relates an increasing pattern of school refusal and social withdrawal for the past several years. At the end of September of 2016, [REDACTED] confided in a friend that she wanted to kill herself and at which time outpatient psychotherapy was initiated with a social worker. Treatment ended after 2-3 weeks and by that point in time she missed 1-2 weeks of school stating she was unable to return to school. Based on a referral from a friend, soon thereafter, she started attending a partial hospitalization program at ICCPC through the middle of December of 2016. Medications included increasing doses of Wellbutrin with the eventual addition of Prozac which

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was effective; then in August of 2017 her current prescriber, a psychiatric nurse practitioner Evelyn Kaminski, NP, increased the Prozac by 5 mg which has been relatively effective, however, mother notes she still remains anxious, retreats to her room, and does not like anyone going into her room. Through this period she was unable to attend school, although she was able to complete school work while at ICCPC and later went on home instruction which started in December of 2016 and continued through to June of 2017. After her discharge from ICCPC in mid December of 2016 she did attend 2 full days of school (mother drove her) and after school she attended ICCPC IOP 3 days a week. After the second day of attending school she cried and told her mother "I can't go back. I can't go in there." Subsequently, she remained on home instruction for the remainder of the academic year. As noted above, the trial of a Behavioral Support Program in school was ineffective which mother believes was related to a nonspecific instructional approach in that classroom that would have required a great deal of self-direction; although, this was a smaller classroom, 2 teachers and 1 aide for approximately 10 students with emotional issues would not have been sufficient for [REDACTED].

She has not attended her district school since September, 2016 although, she has told her mother that she would like to be attending a school.

In regard to other behaviors, mother states that her self-care is excellent and she has a slightly reduced appetite, but not significantly so. She now virtually has no social life and seems to like to retreat to her room.

MEDICAL HISTORY

[REDACTED]'s last physical examination with Dr. Libert occurred in September of 2016. Present height: 5'6". Present weight: 115 lbs. She is reportedly in overall good health. She currently takes Prozac 15 mg daily and Wellbutrin 150 mg XR daily. A prior trial of Lexapro in September was ineffective and discontinued several weeks thereafter.

She experienced removal of wisdom teeth on 08/21/17; had an emergency room visit on 08/03/17 for a knee injury.

She is scheduled to have an audiological evaluation.

Her psychiatrist at ICCPC was Dr. Shrinivasin. Per the Psychoeducational Testing Report by Natalie Schuberth, Psy.D,

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BCBA-D, dated 8/21/17 family history is significant for high-functioning Asperger's disorder and high blood pressure.

She does not have much difficulty falling asleep or staying asleep and does sleep through the night.

Extended family medical history is significant for anxiety, OCD and depression.

DEVELOPMENTAL HISTORY

All aspects of early development including pregnancy, delivery, neonatal period, infancy, toddlerhood periods, the achievement of developmental milestones, and behavior in early childhood are all rated as occurring appropriately within typical timeframes.

's current gross motor coordination skills are rated as average across all domains.

's school experience relative to academic learning is rated as average.

's school experience relative to behavior is rated as good.

Mother believes that comprehends and understands situations as well as peers. She rates 's overall level of intelligence compared to peers as average.

School experience relative to academic learning is rated as good historically and average currently. School experience relative to behavior is rated as good both historically and currently.

She has become extremely anxious being at her high school, she experiences fears, phobias and has continued to refuse to go to school and at times when she has had to enter her high school she turns white and panics.

She is sought by peers for friendship, although in the past several years she has had issues with trust and being judged.

has never been involved with the police, involved in physical fights in or out of school, had access to firearms or other weapons, started a fire, had a police record, left home without permission, had any experience with firearms or other weapons, demonstrated cruelty to animals or expressed thoughts of seriously wanting to hurt someone else.

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She did express suicidal thoughts in September of 2016; there is no report of homicidal ideation, plan, intent or prior gestures.

Her behavior at home is recorded as appropriate with no exaggerated or excessive types of interactions.

Her main interests and hobbies revolve around music, playing guitar and singing. She most enjoys being with her brothers. She most dislikes being forced into social situations.

MENTAL STATUS EXAMINATION, OBSERVATION OF AND INTERVIEW WITH JENNA

is a 5'6", 135 lb female who is well-groomed, and casually dressed in a grey suit (skirt and jacket) with a light orange shirt. She has long brown hair and hazel eyes. She is cooperative, but exceedingly anxious often sitting with her arms crossed. She is a cooperative participant in the interview, but eye contact is variable. She replies to all questions initially with some resistance, somewhat truncated, and avoidant responses. Her initial resistance fades through the extensive interview as the session progresses.

Interestingly, though her descriptions become increasingly detailed, initially there is an apathetic manner to her responses. She is, however, quite attentive. Anxious, she is seated initially with her arms crossed, moderately interested in the interview, sometimes evasive, often tense, initially largely ill-at-ease.

Behavior is tense with evidence of psychomotor retardation. She speaks hesitantly in a soft, slow, monotone voice.

Initially she projects a very empty, depressed mood which reduces somewhat as the session progresses. Throughout, she is exceedingly anxious and possibly fearful as she often looks in the distance. Her affect is flat, dysphoric and constricted and although she becomes more involved and more of a participant, her affect does remain constricted throughout the interview.

She denies a break with reality, hallucinations, derealization, depersonalization, or any unrealistic experiences. She is somewhat phobic of the school building and mentions one other atypical phobia. She speaks of being upset about a relative visiting, talking on the phone, which prevented her from going to sleep; she says, "I cried for an entire hour trying to plug my ears and trying to talk to myself and drown out the noise."

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This event occurred two years ago. Finally, she woke her mother up and mother intervened but she reports retaining residual fears about this.

Her mood is somewhat difficult to describe as she projects high degrees of anxiety, possible fearfulness, and some projection of emptiness with a hint of inappropriateness as well as depression. Affect is restrained. She often looks in the distance.

She denies ideas of reference. She may have some quasi-suspicious and mistrustful feelings entangled with some degree of agoraphobia as there have been periods when she did not want to leave the house; she mentions a time in May of 2017 which she did not leave the house for two weeks until one particular occasion when she had to go to therapy.

Thought processes can be tangential, but largely are goal directed. She has considered suicide by taking a bottle of Ibuprofen, which she never did, and denies other self-harm. A couple of times when overwhelmed she hit herself as hard as she could. She says that for a very long time she has wanted to kill herself. In September of 2016 she was feeling overwhelmed, she hit herself as hard as she could, but not hard enough to actually cause damage. She has wanted to cut herself, but never has. The last time this occurred was in March of 2017 and she did have some bruises. She has done this when she felt trapped. She felt this way in particular last May when parents had a meeting at school and she sat outside the room for an hour "being freaked out."

She states that she "hated school since 6th grade" as she could not relate to kids, and also thought everyone hated school. She recalls a particular incident in 6th grade that was very provocative for her. She had dreams/nightmares about going to middle school with worries about not being able to find her locker and not knowing where to go. She reports having had some nasty teachers and a few who she believes made fun of her. "They thought they were being funny...made fun of my work" this occurred in 8th grade. She relates another incident from 6th grade when she believes a student was ridiculed.

She states that in 10th grade she told her mother she was depressed, mother wanted her to get help and she entered day treatment for approximately two months and this was helpful. However, in December, initially she felt confident in herself, thought she could go back to school and do well, but, "when I

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tried it was too painful and even though none of the other kids responded 'I responded negatively'." She also speaks of another problematic situation in Marching Band Camp in 9th grade.

She denies use of alcohol, drugs, and cigarettes. She also does not have difficulty falling asleep and denies continuity disturbances and nightmares. Eating is not an issue.

She has no idea of her goal for the future.

SUMMARY, CONCLUSIONS, AND REPORT OF FINDINGS

Preliminary findings are shared with mother. She is advised that after a review of all of the material, a final report will be issued to the Child Study Team. After this review, relevant information may be added that we did not have an opportunity to discuss. She is encouraged to call the Child Study Team with questions that can be forwarded to this office. She is also advised that she may be receiving a copy of the report from the Child Study Team.

is a month old female referred for psychiatric consultation to assess 's psychiatric status in order to determine an appropriate classroom placement.

has a lengthy history of anxiety, depression and internalized conflict which is reported to have been noticed in 6th grade; however, there may have been earlier underpinnings of this. Her sense of emotional discomfort about how she was treated in school and her perceptions about how others were treated crescendoed during 8th, 9th and 10th grades. She reached the point of being extremely phobic of entering the school building; she describes becoming weak and unable to proceed upon approaching the school.

Mental status examination reveals a dearth of psychiatric information that raises questions about her overall stability. Although improved, she is tentative, highly anxious and extremely internalized which places her at risk for unanticipated behavioral displays as she has not worked through a significant number of her internal conflicts; some of which involves feelings about herself, feelings about other in her life comingled with anger, confusion and fear and which is affected by her thinking patterns.

She remains exceedingly emotionally fragile and the probability of her attending her school is extremely low at this time. She

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requires an academic environment with the capability of a great deal of emotional awareness and intervention.

Mother indicates that sometimes in the family she demonstrates upset with her brothers. Mother is urged to convey her description of impulsive and possibly erratic anger to her therapist and medication provider at ICCPC. If possible they should be offered the ability to review this report in order to determine if there is any additional relevant information about [REDACTED]'s thought processes especially in view of Dr. Srinivasan's concern about irrational fears in the context of pervasive mood disturbances and avoidant behaviors even when not under stress. Mother also mentions that [REDACTED] can become extremely angry for reasons that the rest of the family may not clearly understand; again, this suggests the possibility of some illogical conceptualizations. These descriptions suggest consideration of a thought disorder.

[REDACTED] is hypersensitive to noise. She would benefit from a thorough Central Auditory Processing Disorder calculation.

The Psychiatric Evaluation by Dr. Shankar Srinivasan, dated 3/15/17 indicated [REDACTED]'s psychiatric issues included pervasive mood disturbances, avoidant behaviors even when not under stress, along with irrational fears and anxiety secondary to school issues; all of this collectively impacted learning and her ability to maintain and build satisfactory interpersonal relationships. Based on this assessment by Dr. Srinivasan and [REDACTED]'s current mental status examination, her medication should be reviewed and altered in an attempt to address the above noted mood disturbances, avoidant behaviors, irrational fears and subsequent anxiety and depression. Also ongoing psychiatric involvement is essential in concomitantly addressing, monitoring and limiting the symptoms noted.

Currently she meets DSM-V criteria for: H/O Major Depressive Disorder, recurrent episode, moderately severe (with irrational thinking); H/O Generalized Anxiety Disorder; H/O Panic disorder; School avoidance; Specific Learning Disorder with impairment in mathematics, specifically with fluent calculation, moderate; H/O Major Depressive Disorder, recurrent, severe, without psychotic features; R/O Central Auditory Processing Disorder; R/O Agoraphobia

This consultation was completed for the purposes of a Child Study Team evaluation. Use for other purposes may not be appropriate. This is a time limited assessment.

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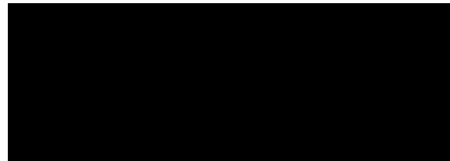
Mother signed a release form specifying that doctor-patient confidentiality is not in effect for this consultation or any future consultations with school staff regarding this referral.

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EXHIBIT S

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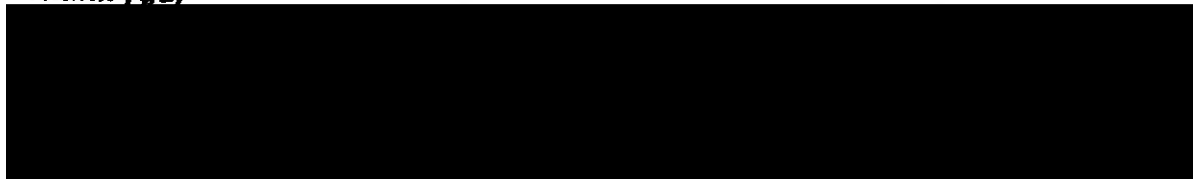
Mr. Stephen Ryan, Principal
cc: Mr. Joseph Cusack
cc: Mrs. Kendra Dickerson
West Morris Central High School
259 Bartley Road
Chester, NJ 07853 07930

Mr. Ryan,

Please consider this letter as official notice that we are withdrawing [REDACTED]
Humcke from West Morris Central High School, effective immediately. [REDACTED] is
now enrolled at the Purnell School in Pottersville. Please send her official
transcripts to:

Purnell School
51 Pottersville Road
P.O. Box 500
Pottersville, NJ 07979
Attention: Kate Davis - Associate Director of Admissions

Thank you,



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